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| **PAKIET NR 1** | | | | | | | | | | | | |  |
| Lp. | Nazwa międzynarodowa | Nazwa handlowa leku | Postać | Dawka | Ilość w op. jed. | Ilość opak. | Cena 1 opak.  netto w zł | Wartość netto = ilość x cena netto | VAT% | Cena 1 opak. brutto w zł | wartość brutto= wart. netto + VAT% | Uwagi Wykonawcy |  |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) |  |
| 1. | **CRIZOTINIB** |  | kaps. | 200mg | 60 | **2** |  |  |  |  |  |  |  |
| 2. | **CRIZOTINIB** |  | kaps. | 250mg | 60 | **47** |  |  |  |  |  |  |  |
|  |  | | | | |  | **suma netto** |  |  | **suma brutto** |  |  |  |

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| słownie: wartość netto**:** ....................................................................................... Zł | | | | | | | | | |
| wartość VAT = ................ ZŁ |  |  |  |  |  |  |  |  |  |
| słownie: wartość brutto **:** ......................................................................................Zł  termin dostawy = 2 dni robocze.  a). leki z cenami wolnymi poz. ………………………..  b). leki z cenami wolnymi poz. ……………………….. | | | | | | | | | |

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data i podpis pełnomocnych przedstawicieli Wykonawcy, pieczęć nagłówkowa

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| **PAKIET NR 1** | | | | | | | | | | | | |  |
| **PAKIET NR 2** | | | | | | | | | | | | |  |
| Lp. | Nazwa międzynarodowa | Nazwa handlowa leku | Postać | Dawka | Ilość w op. jed. | Ilość opak. | Cena 1 opak.  netto w zł | Wartość netto = ilość x cena netto | VAT% | Cena 1 opak. brutto w zł | wartość brutto= wart. netto + VAT% | Uwagi Wykonawcy |  |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) |  |
| 1. | **OMALIZUMAB** |  | amp.-strz. | 75mg/0,5ml | 1 | **20** |  |  |  |  |  |  |  |
| 2. | **OMALIZUMAB** |  | amp.-strz. | 150mg/1ml | 1 | **140** |  |  |  |  |  |  |  |
|  |  | | | | |  | **suma netto** |  |  | **suma brutto** |  |  |  |

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| słownie: wartość netto**:** ....................................................................................... Zł | | | | | | | | | |
| wartość VAT = ................ ZŁ |  |  |  |  |  |  |  |  |  |
| słownie: wartość brutto **:** ......................................................................................Zł  termin dostawy = 2 dni robocze.  a). leki z cenami wolnymi poz. ………………………..  b). leki z cenami wolnymi poz. ………………………..  …………………………...….……………………………………………………………………………………...  data i podpis pełnomocnych przedstawicieli Wykonawcy, pieczęć nagłówkowa   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **PAKIET NR 3** | | | | | | | | | | | | |  | | Lp. | Nazwa międzynarodowa | Nazwa handlowa leku | Postać | Dawka | Ilość w op. jed. | Ilość opak. | Cena 1 opak.  netto w zł | Wartość netto = ilość x cena netto | VAT% | Cena 1 opak. brutto w zł | wartość brutto= wart. netto + VAT% | Uwagi Wykonawcy |  | | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) |  | | 1. | **PIRFENIDON** |  | tabl.powl. | 267mg | 252 | **20** |  |  |  |  |  |  |  | | 2. | **PIRFENIDON** |  | tabl.powl. | 801mg | 84 | **75** |  |  |  |  |  |  |  | |  |  | | | | |  | **suma netto** |  |  | **suma brutto** |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | słownie: wartość netto**:** ....................................................................................... Zł | | | | | | | | | | | wartość VAT = ................ ZŁ |  |  |  |  |  |  |  |  |  | | słownie: wartość brutto **:** ......................................................................................Zł  termin dostawy = 2 dni robocze.  a). leki z cenami wolnymi poz. ………………………..  b). leki z cenami wolnymi poz. ……………………….. | | | | | | | | | |     …..……………………………..……………………………………………………………………………………...  data i podpis pełnomocnych przedstawicieli Wykonawcy, pieczęć nagłówkowa | | | | | | | | | |

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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **PAKIET NR 4** | | | | | | | | | | | | |  | | Lp. | Nazwa międzynarodowa | Nazwa handlowa leku | Postać | Dawka | Ilość w op. jed. | Ilość opak. | Cena 1 opak.  netto w zł | Wartość netto = ilość x cena netto | VAT% | Cena 1 opak. brutto w zł | wartość brutto= wart. netto + VAT% | Uwagi Wykonawcy |  | | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) |  | | 1. | **MEPOLIZUMAB** |  | proszek do sporządzania roztworu, fiolka | 100mg | 1 | **25** |  |  |  |  |  |  |  | |  |  | | | | |  | **suma netto** |  |  | **suma brutto** |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | słownie: wartość netto**:** ....................................................................................... Zł  słownie: wartość brutto **:** ......................................................................................Zł | | | | | | | | | | | wartość VAT = ................ ZŁ |  |  |  |  |  |  |  |  |  | | słownie: wartość brutto **:** ......................................................................................Zł  termin dostawy = 2 dni robocze.  a). leki z cenami wolnymi poz. ………………………..  b). leki z cenami wolnymi poz. ………………………..  ……………………………………..….……………………………………………………………………………………...  data i podpis pełnomocnych przedstawicieli Wykonawcy, pieczęć nagłówkowa | | | | | | | | | | |

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| **PAKIET NR 5** | | | | | | | | | | | | |  |
| Lp. | Nazwa międzynarodowa | Nazwa handlowa leku | Postać | Dawka | Ilość w op. jed. | Ilość opak. | Cena 1 opak.  netto w zł | Wartość netto = ilość x cena netto | VAT% | Cena 1 opak. brutto w zł | wartość brutto= wart. netto + VAT% | Uwagi Wykonawcy |  |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) |  |
| 1. | **OSIMERTINIB** |  | tabl. powl. | 40 mg | 30 | **2** |  |  |  |  |  |  |  |
| 2. | **OSIMERTINIB** |  | tabl. powl. | 80 mg | 30 | **50** |  |  |  |  |  |  |  |
|  |  | | | | |  | **suma netto** |  |  | **suma brutto** |  |  |  |

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| słownie: wartość netto**:** ....................................................................................... Zł | | | | | | | | | |
| wartość VAT = ................ ZŁ |  |  |  |  |  |  |  |  |  |
| słownie: wartość brutto **:** ......................................................................................Zł  termin dostawy = 2 dni robocze.  a). leki z cenami wolnymi poz. ………………………..  b). leki z cenami wolnymi poz. ……………………….. | | | | | | | | | |

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data i podpis pełnomocnych przedstawicieli Wykonawcy, pieczęć nagłówkowa

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| **PAKIET NR 6** | | | | | | | | | | | | |  |
| Lp. | Nazwa międzynarodowa | Nazwa handlowa leku | Postać | Dawka | Ilość w op. jed. | Ilość opak. | Cena 1 opak.  netto w zł | Wartość netto = ilość x cena netto | VAT% | Cena 1 opak. brutto w zł | wartość brutto= wart. netto + VAT% | Uwagi Wykonawcy |  |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) |  |
| 1. | **GEFITINIB** |  | tabl. powl. | 250 mg | 30 | 80 |  |  |  |  |  |  |  |
|  |  | | | | |  | **suma netto** |  |  | **suma brutto** |  |  |  |

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| słownie: wartość netto**:** ....................................................................................... Zł | | | | | | | | | |
| wartość VAT = ................ ZŁ |  |  |  |  |  |  |  |  |  |
| słownie: wartość brutto **:** ......................................................................................Zł  termin dostawy = 2 dni robocze.  a). leki z cenami wolnymi poz. ………………………..  b). leki z cenami wolnymi poz. ……………………….. | | | | | | | | | |

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data i podpis pełnomocnych przedstawicieli Wykonawcy, pieczęć nagłówkowa

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| **PAKIET NR 7** | | | | | | | | | | | | |  |
| Lp. | Nazwa międzynarodowa | Nazwa handlowa leku | Postać | Dawka | Ilość w op. jed. | Ilość opak. | Cena 1 opak.  netto w zł | Wartość netto = ilość x cena netto | VAT% | Cena 1 opak. brutto w zł | wartość brutto= wart. netto + VAT% | Uwagi Wykonawcy |  |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) |  |
| 1. | **ATEZOLIZUMAB** |  | koncentrat do sporządzania roztworu do infuzji, fiolka | 1200mg/20ml | 1 | 100 |  |  |  |  |  |  |  |
|  |  | | | | |  | **suma netto** |  |  | **suma brutto** |  |  |  |

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| słownie: wartość netto**:** ....................................................................................... Zł | | | | | | | | | |
| wartość VAT = ................ ZŁ |  |  |  |  |  |  |  |  |  |
| słownie: wartość brutto **:** ......................................................................................Zł  termin dostawy = 2 dni robocze.  a). leki z cenami wolnymi poz. ………………………..  b). leki z cenami wolnymi poz. ……………………….. | | | | | | | | | |

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data i podpis pełnomocnych przedstawicieli Wykonawcy, pieczęć nagłówkowa