**Załącznik nr 2 do SWZ**

**FORMULARZ CENOWY**

**OPZ - OPIS PRZEDMIOTU ZAMÓWIENIA**

Testy biochemiczne i immunochemiczne.

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| **L. p.** | **Nazwa**  | **Produkt** | **Numer katalogowy**  | **Wielkość opakowania** | **Ilość oznaczeń** **na 2 lata**  | **Ilość opakowań** **na 2 lata** | **Cena jednostkowa netto** | **Wartość netto** |  **VAT****%** | **Wartość brutto**  |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |
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| …… |  |  |  |  |  |  |  |  |  |  |
| ..... | Dzierżawa na 2 lata  |  |  |  |  |
| ….. |  |  |  |  |  |  |  |  |  |
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| **RAZEM** |  |  |  |  |  |  |  |  |  |