**Załącznik nr 3 SWZ**

**FORMULARZ ASOTYMENTOWO CENOWY**

(Nazwa wykonawcy)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Lp.** | ASORTYMENT OZNACZEŃ | **Ilość oznaczeń do wykonania w ciągu 36 miesięcy** | **Wielkość opak. (ilość testów w szt.)** | **Ilość**  **opakowań (jedn. miary)** | **Cena netto za opak. (jedn . miary) w zł.** | **Wartość netto w złotych** | | **% VAT** | **Wartość brutto w złotych** | **Nazwa handlowa/**  **Nr katalogowy/ producent** | | | | | | | | | |
| 1. | Ultra TSH III Gen | 30000 |  |  |  |  | |  |  |  | | | | | | | | | |
| 2. | Free T3 | 7000 |  |  |  |  | |  |  |  | | | | | | | | | |
| 3. | Free T4 | 10000 |  |  |  |  | |  |  |  | | | | | | | | | |
| 4. | Total PSA | 5500 |  |  |  |  | |  |  |  | | | | | | | | | |
| 5. | Troponina Ths | 12000 |  |  |  |  | |  |  |  | | | | | | | | | |
| 6. | TOXOPLASMA IgG | 1200 |  |  |  |  | |  |  |  | | | | | | | | | |
| 7. | TOXOPLASMA IgM | 2000 |  |  |  |  | |  |  |  | | | | | | | | | |
| 8 | PCT Brahms | 5000 |  |  |  |  | |  |  |  | | | | | | | | | |
| 9 | Anti-TPO | 900 |  |  |  |  | |  |  |  | | | | | | | | | |
| 10 | Anti-TG | 900 |  |  |  |  | |  |  |  | | | | | | | | | |
| 11 | HCG+beta | 800 |  |  |  |  | |  |  |  | | | | | | | | | |
| 12 | IgE | 1300 |  |  |  |  | |  |  |  | | | | | | | | | |
| 13 | IL6 | 600 |  |  |  |  | |  |  |  | | | | | | | | | |
| x | **Kalibratory, kontrole, płyny oraz akcesoria niezbędne do wykonania powyższej ilości oznaczeń - wymienić** | x | x | x | x | x | | x | x | x | | | | | | | | | |
| 1 |  |  |  |  |  |  | |  |  |  | | | | | | | | | |
| 2 |  |  |  |  |  |  | |  |  |  | | | | | | | | | |
| 3 |  |  |  |  |  |  | |  |  |  | | | | | | | | | |
| 4 |  |  |  |  |  |  | |  |  |  | | | | | | | | | |
| 5 |  |  |  |  |  |  | |  |  |  | | | | | | | | | |
| 6 |  |  |  |  |  |  | |  |  |  | | | | | | | | | |
| 7 |  |  |  |  |  |  | |  |  |  | | | | | | | | | |
| 8 |  |  |  |  |  |  | |  |  |  | | | | | | | | | |
| 9 |  |  |  |  |  |  | |  |  |  | | | | | | | | | |
| 10 |  |  |  |  |  |  | |  |  |  | | | | | | | | | |
| 11 |  |  |  |  |  |  | |  |  |  | | | | | | | | | |
| itd |  |  |  |  |  |  | |  |  |  | | | | | | | | | |
| WARTOŚĆ RAZEM: | | | | | |  |  | x |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Lp.** | **Analizator** | **Ilość miesięcy** | **Cena netto w zł. za miesiąc** | **Wartość netto w zł.** | **VAT** | **Wartość brutto w zł.** |
| 1 | Dzierżawa analizatora i witryny | 36 |  |  |  |  |
| **RAZEM:** | | | |  | x |  |

**Formularz musi być wypełniony z podaniem wielkości opakowań (ilość testów w szt), ilości przewidzianych opakowań (jednostek miary), ceny jednostkowej netto, wartości netto, stawki podatku VAT, wartości brutto, nazwy handlowej/nr kat./ producent.**