**Offer FORM**

**APPENDIX 1 FOR THE RFQ 18 09 2024 A**

**Bidder's data**:

|  |  |
| --- | --- |
| 1. **Company name:** |  |
| 1. **Adress:** |  |
| 1. **NIP/VAT ID:** |  |
| 1. **Person authorized to contact with the Ordering Party:** | |
| First name and last name: |  |
| Phone: |  |
| E-mail: |  |

**Part of the order: Part 1**

**Name and CPV code: 33696500-0: Laboratory reagents**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Position** | **Item** | **Package size** | **Quantity** | **Catalog number** | **Net price for 1 pack (unit price)** | **Net value  (quantity x unit price)** |
| 1. | **Insect cell culture medium** | 1L | 64 |  |  |  |
|  | **Total net price, SUM of net value**  **(This value will be the subject of the bid comparison and contract value for part 1):** | | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **LP.** | **ORDER PROCESSING RULES** | **Confirmation of requirements**  **(YES NO)** | **Description of the offered parameters** |
| A | PLACE OF DELIVERY: the registered office of the Ordering Party. |
| B | PAYMENT TERMS: Invoice payment terms of at least 30 calendar days |  |  |
| C | DELIVERY TIME: max. 21 calendar days from the date of the purchase order |  |  |

* Period of validity = ……. **(minimum 28 calendar days from the date of submission).**
* Date: ……………………………………………

**Offer FORM**

**APPENDIX 1 FOR THE RFQ 18 09 2024 A**

**Bidder's data**:

|  |  |
| --- | --- |
| 1. **Company name:** |  |
| 1. **Adress:** |  |
| 1. **NIP/VAT ID:** |  |
| 1. **Person authorized to contact with the Ordering Party:** | |
| First name and last name: |  |
| Phone: |  |
| E-mail: |  |

**Part of the order: Part 2**

**Name and CPV code: 19520000-7 Plastic products**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Position** | **Item** | **Package size** | **Quantity** | **Catalog number** | **Net price for 1 pack (unit price)** | **Net value  (quantity x unit price)** |
| 1. | **384 well plate, white polystyrene, sterile** | 40 pieces | 10 |  |  |  |
| 2. | **Polystyrene lid, sterile** | 100 pieces | 4 |  |  |  |
|  | **Total net price, SUM of net value**  **(This value will be the subject of the bid comparison and contract value for part 2):** | | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **LP.** | **ORDER PROCESSING RULES** | **Confirmation of requirements**  **(YES NO)** | **Description of the offered parameters** |
| A | PLACE OF DELIVERY: the registered office of the Ordering Party. |
| B | PAYMENT TERMS: Invoice payment terms of at least 30 calendar days |  |  |
| C | DELIVERY TIME: max. 21 calendar days from the date of the purchase order |  |  |

* Period of validity = ……. **(minimum 28 calendar days from the date of submission).**
* Date: ……………………………………………

**Offer FORM**

**APPENDIX 1 FOR THE RFQ 18 09 2024 A**

**Bidder's data**:

|  |  |
| --- | --- |
| 1. **Company name:** |  |
| 1. **Adress:** |  |
| 1. **NIP/VAT ID:** |  |
| 1. **Person authorized to contact with the Ordering Party:** | |
| First name and last name: |  |
| Phone: |  |
| E-mail: |  |

**Part of the order: Part 3**

**Name and CPV code: 24956000-0 Peptones and protein substances**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Position** | **Item** | **Package size** | **Quantity** | **Catalog number** | **Net price for 1 pack (unit price)** | **Net value  (quantity x unit price)** |
| 1. | **Phospho-Akt Antibody** | 100uL | 1 |  |  |  |
| 2. | **Phospho-Akt Rabbit monoclonal antibody** | 100uL | 1 |  |  |  |
| 3. | **Akt Antibody** | 100uL | 1 |  |  |  |
| 4. | **Phospho-S6 Ribosomal Protein Rabbit monoclonal antibody** | 100uL | 1 |  |  |  |
| 5. | **S6 Ribosomal Protein Rabbit monoclonal antibody** | 100uL | 1 |  |  |  |
|  | **Total net price, SUM of net value**  **(This value will be the subject of the bid comparison and contract value for part 3):** | | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **LP.** | **ORDER PROCESSING RULES** | **Confirmation of requirements**  **(YES NO)** | **Description of the offered parameters** |
| A | PLACE OF DELIVERY: the registered office of the Ordering Party. |
| B | PAYMENT TERMS: Invoice payment terms of at least 30 calendar days |  |  |
| C | DELIVERY TIME: max. 21 calendar days from the date of the purchase order |  |  |

* Period of validity = ……. **(minimum 28 calendar days from the date of submission).**
* Date: ……………………………………………

**Offer FORM**

**APPENDIX 1 FOR THE RFQ 18 09 2024 A**

**Bidder's data**:

|  |  |
| --- | --- |
| 1. **Company name:** |  |
| 1. **Adress:** |  |
| 1. **NIP/VAT ID:** |  |
| 1. **Person authorized to contact with the Ordering Party:** | |
| First name and last name: |  |
| Phone: |  |
| E-mail: |  |

**Part of the order: Part 4**

**Name and CPV code: 24956000-0 Peptones and protein substances**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Position** | **Item** | **Package size** | **Quantity** | **Catalog number** | **Net price for 1 pack (unit price)** | **Net value  (quantity x unit price)** |
| 1. | **Human R-Spondin 1 Recombinant Protein** | 1 mg  (2 x 500ug) | 1 |  |  |  |
| 2. | **Human Noggin Recombinant Protein** | 1mg  (2 x 500ug) | 2 |  |  |  |
|  | **Total net price, SUM of net value**  **(This value will be the subject of the bid comparison and contract value for part 4):** | | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **LP.** | **ORDER PROCESSING RULES** | **Confirmation of requirements**  **(YES NO)** | **Description of the offered parameters** |
| A | PLACE OF DELIVERY: the registered office of the Ordering Party. |
| B | PAYMENT TERMS: Invoice payment terms of at least 30 calendar days |  |  |
| C | DELIVERY TIME: max. 21 calendar days from the date of the purchase order |  |  |

* Period of validity = ……. **(minimum 28 calendar days from the date of submission).**
* Date: ……………………………………………

**Offer FORM**

**APPENDIX 1 FOR THE RFQ 18 09 2024 A**

**Bidder's data**:

|  |  |
| --- | --- |
| 1. **Company name:** |  |
| 1. **Adress:** |  |
| 1. **NIP/VAT ID:** |  |
| 1. **Person authorized to contact with the Ordering Party:** | |
| First name and last name: |  |
| Phone: |  |
| E-mail: |  |

**Part of the order: Part 5**

**Name and CPV code: 19520000-7 Plastic products**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Position** | **Item** | **Package size** | **Quantity** | **Catalog number** | **Net price for 1 pack (unit price)** | **Net value  (quantity x unit price)** |
| 1. | **50mL Filter Units, sterile** | 12 sets | 4 |  |  |  |
|  | **Total net price, SUM of net value**  **(This value will be the subject of the bid comparison and contract value for part 5):** | | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **LP.** | **ORDER PROCESSING RULES** | **Confirmation of requirements**  **(YES NO)** | **Description of the offered parameters** |
| A | PLACE OF DELIVERY: the registered office of the Ordering Party. |
| B | PAYMENT TERMS: Invoice payment terms of at least 30 calendar days |  |  |
| C | DELIVERY TIME: max. 21 calendar days from the date of the purchase order |  |  |

* Period of validity = ……. **(minimum 28 calendar days from the date of submission).**
* Date: ……………………………………………