*Załącznik nr 1*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Nici chirurgiczne wchłanialne i niewchłanialne okulistyczne**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Lp.** | **Nazwa** | **UPS** | **Igła** | **Ilość** |  **Cena jedn. netto za szt.** |  **Wartość Netto** | **Podatek VAT** | **Wartość brutto** | **Numer** |
|  |  |  |  | **Na rok** |  |  | **Stawka w %** | **Wartość w zł** |  | **katalogowy** |
| 1 | Nici chirurgiczne wchłanialne z 2 igłami | 8/0 | 0,15 mm 1/2 koła | 100 szt. |  |  |  |  |  |  |
| 2 | Nici chirurgiczne niewchłanialne jedwabne z 1lub 2 igłami | 7/0 |  0,2 mm3/8 koła | 10 szt. |  |  |  |  |  |  |
| 3 | Nici chirurgiczne niewchłanialne jedwabne z 1 lub 2 igłami | 9/0 | 0,15 mm 3/8 koła | 50 szt. |  |  |  |  |  |  |

Klasa wyrobu medycznego: .......................................**Razem wartość pakietu netto: ………….. zł****Razem wartość pakietu brutto: ………….. zł****Słownie brutto:………………………………………………………………………………………………………………………………………….** |
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