Załącznik nr 2 do SWZ

**Opis przedmiotu zamówienia - ZAKUP LEKÓW W OKRESIE 12 MIESIĘCY W ROKU 2022/2023.**

**Dane WYKONAWCY/CÓW składającego/ych ofertę:**

|  |  |  |
| --- | --- | --- |
| L.P. | Nazwa(y) Wykonawcy(ów)\* | Adres(y) Wykonawcy(ów) |
|  |  |  |
|  |  |  |

*\* W przypadku składania ofert przez podmioty występujące wspólnie podać nazwy (firmy) i dokładne adresy wszystkich wspólników spółki cywilnej lub członków konsorcjum.*

### 

### **Ja/ My niżej podpisany/ni\***

### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Oferujemy leki zgodnie z FORMULARZEM ASORTYMENTOWO – CENOWY**

| **L.p.** | **Nazwa międzynarodowa leku** | | **J.m.** | **Ilość** | | **Cena jedn. netto** | | **Wartość netto**  **obliczyć: 4 x 5)** | | | **Stawka  % VAT** | | | **Kwota**  **VAT**  **(obliczyć: 6 x 7)** | | | | **Wartość**  **brutto**  **(obliczyć: 6 + 8)** | **Producent**  **i nazwa leku** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | | **2.** | **3.** | **4.** | **5.** | | **6.** | | | **7.** | | | **8.** | | | **9.** | | | **10.** |
| 1. | | Acidum acetylsalicylicum 300mg, 20 tabl. | op. | 150 |  | |  | | |  | | |  | | |  | | |  |
| 2. | | Adenosinum 0,006g/2ml, op. 6 fiolek | op. | 30 |  | |  | | |  | | |  | | |  | | |  |
| 3. | | Amiodaroni hydrochloridum 50mg/ml, a’3ml, op. 6 amp. | op. | 36 |  | |  | | |  | | |  | | |  | | |  |
| 4. | | Aqua pro iniectione 500ml flakon lub worek | szt. | 50 |  | |  | | |  | | |  | | |  | | |  |
| 5. | | Atropinum Sulfuricum 0,5mg/ml, a’1ml, op. 10 amp. | op. | 40 |  | |  | | |  | | |  | | |  | | |  |
| 6. | | Atropinum Sulfuricum 1mg/ml, a’1ml, op. 10 amp. | op. | 40 |  | |  | | |  | | |  | | |  | | |  |
| 7. | | Calcii chloridum 10%,  100mg/ml, a’10ml, 10 amp | op. | 10 |  | |  | | |  | | |  | | |  | | |  |
| 8. | | Captoprilum 12,5mg tabl. 30 szt. | op. | 260 |  | |  | | |  | | |  | | |  | | |  |
| 9. | | Chlorpromazini hydrochloridum 5mg/ml, a’5ml, op. 5 amp. | op. | 65 |  | |  | | |  | | |  | | |  | | |  |
| 10. | | Chlorsusccilin 200mg; proszek, op. 10 fiolek | op. | 5 |  | |  | | |  | | |  | | |  | | |  |
| 11. | | Clemastinum 2mg/2ml , 5 amp | op. | 140 |  | |  | | |  | | |  | | |  | | |  |
| 12. | | Budesonidum 0,25mg/ml, a’2ml, op. 20 amp. | op. | 20 |  | |  | | |  | | |  | | |  | | |  |
| 13. | | Dexamethasonum 4mg/ml, a’2ml, op. 10 amp. | op. | 170 |  | |  | | |  | | |  | | |  | | |  |
| 14. | | Dexamethasonum 4mg/ml, a’1ml, op. 10 amp. | op. | 200 |  | |  | | |  | | |  | | |  | | |  |
| 15. | | Digoxinum 0,25mg/ml, a’2ml, op. 5 amp. | op. | 10 |  | |  | | |  | | |  | | |  | | |  |
| 16. | | Dobutaminum 250mg – proszek, fiol. | op. | 15 |  | |  | | |  | | |  | | |  | | |  |
| 17. | | Dopamini hydrochloridum 40mg/ml, a’5ml, op. 10 amp. | op. | 3 |  | |  | | |  | | |  | | |  | | |  |
| 18. | | Drotaverini hydrochloridum 20mg/ml, a’2ml, op. 5 amp. | op. | 450 |  | |  | | |  | | |  | | |  | | |  |
| 19. | | Acidum tranexamicum 100mg/ml, a’5ml, op. 5 amp. | op. | 30 |  | |  | | |  | | |  | | |  | | |  |
| 20. | | Flumazenilum 100mcg/ml , a’5ml, op. 5 amp. | op. | 18 |  | |  | | |  | | |  | | |  | | |  |
| 21. | | Furosemidum 10mg/ml, a’2ml, 5 amp. | op. | 450 |  | |  | | |  | | |  | | |  | | |  |
| 22. | | Gelofusine lub Gelaspan 500 ml roztw.do inf. Flakon lub worek lub butelka | szt. | 40 |  | |  | | |  | | |  | | |  | | |  |
| 23. | | Glucagoni hydrochloridum 1mg/ml , 1 fiol ss+rozp(strz) | szt. | 40 |  | |  | | |  | | |  | | |  | | |  |
| 24. | | Glucosum 20% 10ml , op. 10 amp. | op. | 200 |  | |  | | |  | | |  | | |  | | |  |
| 25. | | Glucosum 40% 10ml , op. 10 amp. | op. | 25 |  | |  | | |  | | |  | | |  | | |  |
| 26. | | Glucosum 10%, rozt. d.inf., 500ml flakon lub worek | szt. | 25 |  | |  | | |  | | |  | | |  | | |  |
| 27. | | Glyceroli trinitras 0,4mcg/doz. aerozol , 11 g (200dawek) | op. | 20 |  | |  | | |  | | |  | | |  | | |  |
| 28. | | Heparinum natricum 5000jm/ml, a’5ml, op. 10 fiol. | op. | 5 |  | |  | | |  | | |  | | |  | | |  |
| 29. | | Hydrocortisonum 100mg 5 amp + rozp. | op. | 150 |  | |  | | |  | | |  | | |  | | |  |
| 30. | | Hydrogenii peroxydum 3% 100ml | szt. | 130 |  | |  | | |  | | |  | | |  | | |  |
| 31. | | Hydroxyzinum tabl 25 mg op 30 tabletek | op. | 190 |  | |  | | |  | | |  | | |  | | |  |
| 32. | | Hydroxyzinum 50mg/ml, 5 amp.2ml | op. | 200 |  | |  | | |  | | |  | | |  | | |  |
| 33. | | Hyoscini butylbromidum 20mg/ml, a’1ml, 10 amp. | op. | 25 |  | |  | | |  | | |  | | |  | | |  |
| 34. | | Etomidatum 2mg/ml, a’10ml, op. 10 amp. | op. | 5 |  | |  | | |  | | |  | | |  | | |  |
| 35. | | Ibuprofenum **tabletki** 200mg op 50 sztuk | op. | 25 |  | |  | | |  | | |  | | |  | | |  |
| 36. | | Inj. Natrii Chlorati 0,9%, 10ml, op. 100 amp | op. | 120 |  | |  | | |  | | |  | | |  | | |  |
| 37. | | Injec.Adrenalini 0,1% 1mg/ml, a’1ml, op. 10 amp. | op. | 240 |  | |  | | |  | | |  | | |  | | |  |
| 38. | | Injectio Glucosi 5% 50mg/ml, flakon lub worek 100 ml | szt. | 310 |  | |  | | |  | | |  | | |  | | |  |
| 39. | | Injectio Glucosi 5% 50mg/ml,  flakon lub worek 500 ml | szt. | 350 |  | |  | | |  | | |  | | |  | | |  |
| 40. | | InjectioGlucosi 5%.et Natrii chlorati 0,9% (2:1) inj. Flakon lub worek 500ml | szt. | 40 |  | |  | | |  | | |  | | |  | | |  |
| 41. | | Isosorbidi mononitras 10mg – 60 tabletek powlekanych | op. | 10 |  | |  | | |  | | |  | | |  | | |  |
| 42. | | Jodyna 10g | op. | 10 |  | |  | | |  | | |  | | |  | | |  |
| 43. | | Kalium chloratum 15% 40mEg/ 20ml, 10fiolek. | op. | 3 |  | |  | | |  | | |  | | |  | | |  |
| 44. | | Ketoprofenum 50 mg kapsułki twarde op. 20 kapsułek | op. | 45 |  | |  | | |  | | |  | | |  | | |  |
| 45. | | Ketoprofenum 50mg/ml, a’2ml, op. 10 amp. (możliwość podawania dożylnie i domięśniowo) | op. | 260 |  | |  | | |  | | |  | | |  | | |  |
| 46. | | Lidocain 10% (100mg/ml) aerozol 38 g | szt. | 3 |  | |  | | |  | | |  | | |  | | |  |
| 47. | | Lignocainum Hydrochloricum 2% 20mg/ml, a’2ml, op. 10 amp. | op. | 15 |  | |  | | |  | | |  | | |  | | |  |
| 48. | | Lignocainum Hydrochloricum 2% 20mg/g, op. 30g żel "U" | szt. | 45 |  | |  | | |  | | |  | | |  | | |  |
| 49. | | Magnesium sulfate 20% 20mg/ml, a’10ml, op. 10amp. | op. | 165 |  | |  | | |  | | |  | | |  | | |  |
| 50. | | Mannitol 15 %/ 250ml flakon lub worek | szt. | 25 |  | |  | | |  | | |  | | |  | | |  |
| 51. | | Metoclopramidi hydrochloridum 5mg/ml, a’2ml, op. 5 amp. | op. | 260 |  | |  | | |  | | |  | | |  | | |  |
| 52. | | Metamizolum 2,5g/5ml, op. 5 amp. | op. | 700 |  | |  | | |  | | |  | | |  | | |  |
| 53. | | Metoprololi tartras 1mg/ml, a’5ml, op. 5 amp. | op. | 80 |  | |  | | |  | | |  | | |  | | |  |
| 54. | | Naloxoni hydrochloridum 400mcg/ml, a’1ml, op. 10 amp. | op. | 8 |  | |  | | |  | | |  | | |  | | |  |
| 55. | | Natr. chloratum 0,9% inj. flakon lub worek 100ml | szt. | 540 |  | |  | | |  | | |  | | |  | | |  |
| 56. | | Natr. chloratum 0,9% inj. flakon lub worek 500ml | szt. | 3000 |  | |  | | |  | | |  | | |  | | |  |
| 57. | | Natrii hydrogenocarbonas 8,4%, a’20ml, op. 10 amp. | op. | 5 |  | |  | | |  | | |  | | |  | | |  |
| 58. | | Cisatracurium rozt.do wstrzyknięć i infuzji 2mg/ml, a’5ml, op. 5 amp. lub fiol. | op. | 30 |  | |  | | |  | | |  | | |  | | |  |
| 59. | | Glyceroli trinitras 1mg/ml, a’10ml, op. 10 amp. | op. | 1 |  | |  | | |  | | |  | | |  | | |  |
| 60. | | Norepinephrinum 1mg/ml, a’1ml, op. 10 amp. | op. | 12 |  | |  | | |  | | |  | | |  | | |  |
| 61. | | OCTENISEPT płyn 250ml. | szt. | 70 |  | |  | | |  | | |  | | |  | | |  |
| 62. | | Oxytocyna 5 IU/ml, a’1ml, op. 10 amp. | op. | 5 |  | |  | | |  | | |  | | |  | | |  |
| 63. | | Papaverini hydrochloridum 20mg/ml, a’2ml, op. 10 amp. | op. | 80 |  | |  | | |  | | |  | | |  | | |  |
| 64. | | Paracetamolum 0,01g/1ml, a’50ml, op. 10 szt. | op. | 5 |  | |  | | |  | | |  | | |  | | |  |
| 65. | | Paracetamolum 50mg czopki, op. 10 szt. | op. | 10 |  | |  | | |  | | |  | | |  | | |  |
| 66. | | Paracetamolum 125mg czopki, op. 10 szt. | op. | 10 |  | |  | | |  | | |  | | |  | | |  |
| 67. | | Paracetamolum 250mg czopki, op. 10 szt. | op. | 10 |  | |  | | |  | | |  | | |  | | |  |
| 68. | | Paracetamolum 500mg 20 tabl. | op. | 140 |  | |  | | |  | | |  | | |  | | |  |
| 69. | | Antazolini mesylas 50mg/ml, a’2ml, op. 10 amp. | op. | 1 |  | |  | | |  | | |  | | |  | | |  |
| 70. | | Clopidogrelum 75mg/tabl, op. 28 tabl. | op. | 12 |  | |  | | |  | | |  | | |  | | |  |
| 71. | | Alprostadilum 500 mikrogramów/ml, a’1ml, op. 5 amp. | op. | 1 |  | |  | | |  | | |  | | |  | | |  |
| 72. | | Propofol 10mg/ml, a’20ml, op. 5 amp lub fiol. | op. | 15 |  | |  | | |  | | |  | | |  | | |  |
| 73. | | Płyn Fizjologiczny Wieloelektrolitowy Izotoniczny, flakon lub worek 500 ml | szt. | 2500 |  | |  | | |  | | |  | | |  | | |  |
| 74. | | Metamizolum natricum 500mg, op. 6 tabl | op. | 180 |  | |  | | |  | | |  | | |  | | |  |
| 75. | | Rivanolum 0,1% płyn stosowany na skórę, but. 100ml | but. | 3 |  | |  | | |  | | |  | | |  | | |  |
| 76. | | Salbutamol 5mg/2,5ml kapsułki do inhalacji op. 20 | op. | 70 |  | |  | | |  | | |  | | |  | | |  |
| 77. | | Salbutamolum 0,5mg/ml, a’1ml, op. 10 amp. | op. | 4 |  | |  | | |  | | |  | | |  | | |  |
| 78. | | Salbutamolum 100mcg/dawkę, aerozol inhalacyjny | szt. | 10 |  | |  | | |  | | |  | | |  | | |  |
| 79. | | SOLU-MEDROL 500mg, proszek, fiolka | szt. | 3 |  | |  | | |  | | |  | | |  | | |  |
| 80. | | Solutio Ringeri rozt. d/inf  500ml, flakon lub worek | szt. | 52 |  | |  | | |  | | |  | | |  | | |  |
| 81. | | Theophyllinum 20mg/ml, a’10ml, op.  5 amp. | op. | 50 |  | |  | | |  | | |  | | |  | | |  |
| 82. | | Thiethylperazinum 6,5mg/ml, a’1ml, op. 5 amp. | op. | 75 |  | |  | | |  | | |  | | |  | | |  |
| 83. | | Thiethylperazinum czopki doodbytnicze 6,5 mg op. 6 sztuk | op. | 15 |  | |  | | |  | | |  | | |  | | |  |
| 84. | | Tramadoli hydrochloridum 50mg/ml, a’2ml, op. 5 amp. | op. | 35 |  | |  | | |  | | |  | | |  | | |  |
| 85. | | Urapidilum 5mg/ml, a’5ml, op. 5 amp. | op. | 45 |  | |  | | |  | | |  | | |  | | |  |
| **RAZEM:** | | | | | | | | |  | | | **XX** | | |  | |  | | **XX** |

**UWAGA. Plik/dokument należy podpisać kwalifikowanym podpisem elektronicznym lub podpisem zaufanym lub elektronicznym podpisem osobistym przez osobę/osoby uprawnioną/-ne do składania oświadczeń woli w imieniu Wykonawcy**

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Miejscowość i data

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Podpis