APPENDIX 1 – to Request for Tender no. 01/04/2022/IMM dated 11.04.2022

FORM OF TENDER

# Name and address of Tenderer and its registration details, including NIP (tax ID):

………………………………………………………………………………………………………………………………………………..…………………………………………………………………………………………..…………………..……………………………………….………….…………………………………………………………………………………...………………………………………………………….....

# Name, phone number and e-mail of the contact person:

………………………………………………………………………………………………………………………………..………..............…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………

# Price

**The presented price within a given group must result from the calculation of the unit price (given in Appendix 2 to the inquiry) multiplied by the number of set/pieces requested by the Purchaser in the inquiry.**

**Group 1:**

Net price: ………………………. [in words: ……………………………………………….]

TAX:………………………………… [in words …………………………………………….....]

Gross price: ……………………. [in words: ……………………………………………….]

**Group 2:**

Net price: ………………………. [in words: ……………………………………………….]

TAX:………………………………… [in words …………………………………………….....]

Gross price: ……………………. [in words: ……………………………………………….]

**Group 3:**

Net price: ………………………. [in words: ……………………………………………….]

TAX:………………………………… [in words …………………………………………….....]

Gross price: ……………………. [in words: ……………………………………………….]

**Group 4:**

Net price: ………………………. [in words: ……………………………………………….]

TAX:………………………………… [in words …………………………………………….....]

Gross price: ……………………. [in words: ……………………………………………….]

# Execution time

Order processing time counted from the date of placing the order by the Contracting Entity is ........................................ calendar days (maximum 45 calendar days).

# Payments

………………………..days from the date of delivery of the invoice to the Purchaser (min 30 days)

# Tenderer's declaration regarding the company secret (if applicable):

I/we certify that:

1. the following information is a business secret:

(documents containing a business secret need to be indicated)

1. Explanation of the request for confidentiality of the aforementioned information is enclosed to the tender.

# Other statements by the Tenderer:

I declare, that:

- I am bound by this offer for a period of 90 days from the deadline of submission of offers

Place and date: ……………………………………………………...

…..………………………………………………………………….…..

Signature of Tenderer or Tenderer's authorized representative

**APPENDIX 2 – To Request for Tender no. 01/04/2022/IMM dated 11.04.2022**

**THE FORM OF RANGE AND PRICES**

**The unit prices listed below for a given item multiplied by the number of set/pieces requested by the Purchaser in the request for proposal must be consistent with the net and gross prices listed for the given group in Appendix 1 - Offer Form.**

**GROUP 1**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Name of product** | **Criteria fulfilment [YES꙱/NO꙱]** | **Net price for the given line item** |
| 1 | ADCC assay kit (*Antibody Dependent Cell Cytotoxicity*) (for 5 tests – ten 96-well plates), containing: * Effector cells, an immortalized line of human T lymphocytes, Jurkat line, designed to assessment the biological activity of anti-CD20 antibodies in an antibody dependent cell cytotoxicity (ADCC) assay.

Cells must be express FcγRIIIa receptors on their surface with valine at position 158 (V158). Cells must be express firefly luciferase under the NFAT promoter, enabling a readout of the luminescence signal (linear to the concentration of the tested sample).*Thaw -and- use* cells that do not require culture propagation*.** RMPI 1640 cell medium
* Medium komórkowe RMPI 1640
* Fetal Bovine Serum *(FBS)* with low IgG level
* Reagent for detecting expression of firefly luciferase reporter gene in ADCC bioassay; The reagent must be enable the readout of the luminescence signal on the luminescence reader.

The expiry date of all components – minimum 22 months from the date of delivery. | **[YES꙱/NO꙱]** |  |
| 2. | Reagent for detection of the expression of firefly luciferase reporter gene in an ADCC bioassay. The reagent must be enable the readout of the luminescence signal on the luminescence reader.Compatible with the Effector cells presented in point 1.The reagent must be resistant to components of the culture medium, including phenol red.The reagent in a lyophilized form that enables storage at -20 ℃ for more than 20 months from the date of delivery.Possibility to re-freeze the reconstituted reagent and store it at -20 ℃ for more than 4 weeks. | **[YES꙱/NO꙱]** |  |

**Product no 1:**

Manufacturer:………………………….

Catalog no.:……………………

**Product no 2:**

Manufacturer:………………………….

Catalog no.:……………………

**GROUP 2**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Name of product** | **Criteria fulfilment [YES꙱/NO꙱]** | **Net price for the given line item** |
| **1.** | RPMI 1640 medium with stable L-glutamineThe medium must be in liquid form, sterile filtered (free from fungi, mold, aerobic and anaerobic bacteria).The reagent must be stable for more than 20 months stored at 2-8 ℃.The pH of the medium must be 7.3 ± 0.3. | **[YES꙱/NO꙱]** |  |
| **2.** | 1M HEPES bufferThe buffer must be in liquid form, sterile filtered (free from fungi, mold, aerobic and anaerobic bacteria).The reagent must be stable for more than 35 months stored at 2-8 ℃.The pH of the buffer must be 7.3 ± 0.3. | **[YES꙱/NO꙱]** |  |
| **3.** | 96-well plates with the following features:White, for cellular testing with luminescence-based reading (with minimum autoluminescence and maximum reflection),Flat-bottom ( *F - bottom* ) for optimal optical properties, sterile, with lid, individually packed,raised edges of the wells to reduce contamination,Working volume: minimum 200 µL per well | **[YES꙱/NO꙱]** |  |

**Product no 1:**

Manufacturer:………………………….

Catalog no.::……………………

**Product no 2:**

Manufacturer:………………………….

Catalog no.:……………………

**Product no 3:**

Manufacturer:………………………….

Catalog no.:……………………

**GROUP 3**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Name of product** | **Criteria fulfilment [YES꙱/NO꙱]** | **Net price for the given line item** |
| **1.** | Monoclonal antibodies biotinylation reagent with N- Hydroxysulfosuccinimide (NHS) ester reactive group. Reagent must be demonstrate the following features:* Chemical formula: C20H29O9N4S2Na
* Molecular weight: 556.59Da
* Alkyl spacer: 22.4 angstroms length
* Water soluble
* Reactivity: primary amines (-NH2) in alkaline conditions

No-Weigh format (1mg per alliquot) | **[YES꙱/NO꙱]** |  |
| **2.** | Alexa Fluor™ 647 fluorochrome monoclonal antibodies labelling kit. Kit must be provide for preparation of 3 labelling reactions of 1mg of antibody (per each reaction). Kit must be composed of following elements about characteristics as stated:* Labeling reagent (aliquoted for three reactions), stable at pH range from 4 to 10,
* Sodium bicarbonate (NaHCO3),
* Spin columns allowing to remove unbound labeling reagent,

Reagent that allows to modulate DOL (Degree of Labeling) parameter i.e., enables to lower the number of fluorochrome molecules coupled to one molecule of the antibody  | **[YES꙱/NO꙱]** |  |

**Product no 1:**

Manufacturer:………………………….

Catalog no.:……………………

**Product no 2:**

Manufacturer:………………………….

Catalog no.:……………………

**GROUP 4**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Name of product** | **Criteria fulfilment [YES꙱/NO꙱]** | **Net price for the given line item** |
| **1.** | Buffer of pH 11 designed to cleaning of automated microfluidic system.Portioned into single (10g) aliquots, no-weigh format.Buffer must be contain:Disodium metasilicate,Tetrasodium pyrophosphate,Pentasodium triphosphate,Sodium disilicate,Troclosene sodium, dihydrate | **[YES꙱/NO꙱]** |  |
| **2.** | Compact disc (CD) consisting of 96 microfluidic structures featuring streptavidin beads packed columns that are designed to quantitative (by immunoenzymatic reaction) measurement of the analyte amount.Compact disc must be consist of mixing chamber that allows to incorporate into Anti-Drug antibodies (ADA) analysis setup an acid dissociation step. Volume of analyte in the reaction – 200 µL.Compact disc must be transparent to enable laser excited fluorescence detection method. The expiry date – minimum 12 months from the date of delivery. | **[YES꙱/NO꙱]** |  |
| **3.** | Buffer used for samples dilution (>1:2 ratio), compatible with compact discs used for automated microfluidic system. Buffer must be contain detergent and enables to perform an analysis in acidic conditions.Buffer must be packed in a plastic bottle that protects against light.The expiry date – minimum 12 months from the date of delivery. | **[YES꙱/NO꙱]** |  |

**Product no 1:**

Manufacturer:………………………….

Catalog no.::……………………

**Product no 2:**

Manufacturer:………………………….

Catalog no.:……………………

**Product no 3:**

Manufacturer:………………………….

Catalog no.:……………………

**Explanations (if applicable):**

**……………………………………………………………………………………………………………………..**

Place and date: ………………………..

…..………………………………………………………………….…..

Signature of Tenderer or Tenderer's authorized representative

**APPENDIX 3 – to Request for Tender no. 01/04/2022/IMM dated 11.04.2022**

**STATEMENT ON THE ABSENCE OF PERSONAL OR CAPITAL CONNECTIONS**

I, the undersigned ……………………………………………………………………………………………………………....., [*name and surname of Tenderer or its authorised representative*], declare that …………………………………. [*name of* *Tenderer*]has no personal or capital links with Contracting Entity.

Capital or personal links are understood as mutual ties between Contracting Entity or persons authorised to bind Contracting Entity or persons who act on behalf of Contracting Entity in connection with preparing and conducting the procedure for selection of a contractor, and the contractor, which are in particular the following:

* + - * participation in a partnership as a partner of a civil law partnership or general partnership,
			* holding at least 10% of shares or actions, supposing that lower limit is not required by other laws and regulation,
			* serving as a member of a supervisory body or a managing body, acting as a registered representative or an attorney,
			* being a spouse, a relative by lineal consanguinity or affinity, by collateral consanguinity to the 2nd degree or affinity to the 2nd degree, or a person linked by way of adoption, custody, or legal guardianship.

Place and date: ………………………..

…..………………………………………………………………….…..

Signature of Tenderer or Tenderer's authorized representative

**APPENDIX 4 – to Request for Tender no. 01/04/2022/IMM dated 11.04.2022**

STATEMENT ON FULFILLING THE FORMAL REQUIREMENTS FOR PARTICIPATION IN THE PROCEDURE

I, the undersigned ……………………………………………………………………………………………………………....., [name and surname of Tenderer or its authorized representative], declare that …………………………………. [name of Tenderer]

* have/ has the appropriate knowledge and experience to perform the contract to the highest standards
* have/ has a financial situation that guarantees the performance of the entire contract

Place and date: ………………………………….…………..

…..………………………………………………………………….…..

Signature of Tenderer or Tenderer's authorized representative

**ANNEX 5 – to Request for Tender no 01/04/2022/IMM dated 11.04.2022**

**SUBSTANTATIVE PROVISIONS OF THE AGREEMENT**

1. Consumable materials provided for in the contract shall be supplied by the Contractor to the Contracting Entity in the amount and range established in the orders submitted by the Ordering Party.
2. The Ordering Party is entitled to submit orders with any frequency and concerning any range of products.
3. Consumable materials shall be delivered to the Ordering Party at the cost of the Contractor and on his responsibility.
4. Chemical reagents/consumable materials delivered to the Ordering Party shall

be protected by the packaging which provides safe delivery and storing conditions and no risk of damage. Sterile materials shall be packed in single sterile packages. Each series of a given chemical reagent/ consumable material shall have a quality certificate of the Manufacturer.

1. Payment for delivered materials shall be settled after delivery of materials to the registered office of the Contracting Party, in compliance with the order submitted

by the Contracting Party, upon a correct VAT invoice issued by the Contractor – within min 30 days from its receipt date. The invoice date shall not be prior to the date of delivery and shall concern a transfer to a bank account indicated the Contractor.

**Place and date:: ………………….**

**………………………………………………………….**

Signature of Tenderer or Tenderer's authorized representative