**APPENDIX No. 1**

**2018-035 CAPILLARY SEQUENCING SERVICE**

***MODEL FOR THE FINANCIAL BID OFFER AND REFFERENCES THE ASSESSMENT WHEREOF DEPENDS ON AUTOMATIC FORMULAE***

*Mr / Ms .............................. whose address is No. ................, ............................................................................... street, from company..............................................., the Tax Identity No. whereof is....................................., having been informed of the invitation to tender and the conditions and requirements for the award of the service “....................................................................”, hereby undertakes (in his or her own name or on behalf of the company he or she represents) to carry them out strictly subject to the conditions below:*

1. *Financial bid offer* ***(ANNUAL)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SERVICE TYPOLOGY** | **MAXIMUM UNITARY PRICE (without VAT)** | **Nº REQUIRED UNITS**  | **UNITARY PRICE OFFERED (without VAT)** | **PRICE OFFERED OF THE TOTAL UNITS (without VAT)** |
| **1** | **3,10 €** | **1600** |  |  |
| **2** | **125,00 €** | **45** |   |  |
| **3** | **3,50 €** | **650** |   |  |
| **4** | **190,00 €** | **30** |  |  |
| **5** | **5,00 €** | **100** |   |  |
| **6** | **2,70 €** | **150** |   |   |
| **7** | **3,50 €** | **50** |   |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***CONCEPT*** | **PRICE OFFERED OF THE TOTAL UNITS (without VAT)** | ***VAT*** | **PRICE OFFERED (with VAT)** |
| CAPILLARY SEQUENCING SERVICE |  |  |  |

Signature and stamp of the bidding company

*Validity of the bid............................4 months*

*(bids for a value and/or period of time greater than that of the invitation to tender shall be excluded from the procedure).*