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|  |  | Odběratel: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **Ústav živočišné fyziologie a genetiky AV ČR, v.v.i.Rumburská 89277 21 LIBĚCHOVČeská republika** | PID: |  |  |  |  |
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|  |  |  |  |  | Číslo účtu: | **19-8264720227/0100** |  |  |  |
|  |  |  |  |  | Peněžní ústav: | **Komerční banka, a.s.** |  |  |  |
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|  |  |  |  |  | Dodavatel: |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | DIČ: | **CZ67985904** |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | Konečný příjemce: |  |  |  |  |  |
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|  | **Ústav živočišné fyziologie a genetiky AV ČR, v.v.i., Rumburská 89, 277 21 Liběchov** |
|  |  |  |  |
| **MUDr. Ardan Taras, Ph.D.** |
| **Tel.: 315639570, Fax: E-mail: ardan@iapg.cas.cz** |

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|  |  |  |  |  |  |  |  |  | **Platnost objednávky do:** | **26.05.2021** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Termín dodání: | **20.05.2021** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Forma úhrady: | **Příkazem** |  |  |  |
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| Místo dodání: | **Ústav živočišné fyziologie a genetiky AV ČR, v.v.i., Rumburská 89, 277 21 Liběchov** |  |
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| Způsob dopravy: |  |  |

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| Dodací podmínky: |  |  |

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|  |  |  |  |  | **Při fakturaci vždy uvádějte číslo objednávky.** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | Položkový rozpis: |  |  |  |
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|  |  |  |  |  | **Položka** |  |  |  |
|  |  |  |  |  |  | **Množství** | **MJ** | **Cena/MJ vč. DPH** | **Celkem vč. DPH** |  |  |  |
|  |  |  |  |  | 1270.EXT Subretinal injection 23G bal.5ks |  |  |  |
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|  |  |  |  |  |  | ***Předpokládaná cena celkem (včetně DPH):*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | **Datum vystavení:** | 12.05.2021 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | **Vystavil:**Schwarzová JanaTel.: 315639526, Fax: 315639506, E-mail: schwarzova@iapg.cas.cz                                                                      ...................                                                                          Razítko, podpis |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **Interní údaje objednatele : 811000 \ 120 \ 2047 Odylia \ 0700 Deník: 32 \ Neinvestice GAČR,AZV,IG,režieLAB** |  |  |  |  |