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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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|  |  |  |  |  |  | Smlouva: |  |  |  |  |
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|  |  |  |  |  | Číslo účtu: |  |  |  |  |
|  |  |  |  |  | Peněžní ústav: |  |  |  |  |
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|  |  |  |  |  | Dodavatel: |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | DIČ: | **CZ67985904** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | IČ: | **27225712** | DIČ: | **CZ27225712** |  |  |  |  |
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|  |  |  | Konečný příjemce: |  |  |  |  |  |
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|  | **811000 UŽFG AV ČR účtovací** |
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| **prof. RNDr. Macholán Miloš, CSc.** |
| **Tel.: +420532290138, Fax: E-mail: macholan@iach.cz** |

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|  |  |  |  |  |  |  |  |  | **Platnost objednávky do:** | **31.12.2021** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Termín dodání: | **15.09.2021** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Forma úhrady: | **Příkazem** |  |  |  |
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| Místo dodání: | **Ústav biologie obratlovců, Studenec 122, 675 02 Koněšín** |  |

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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** |  |  |  |
|  |  |  |  |  | Celogenomové sekvenování DNA, 10 vzorků (dalších 16 vzorků bude realizováno samostatnou objednávkou a fakturou Ústavu biologie obratlovců) |  |  |  |
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|  |  |  |  |  |  | ***Předpokládaná cena celkem (včetně DPH):*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | **Datum vystavení:** | 20.08.2021 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **Vystavil:**Schwarzová JanaTel.: 315639526, Fax: 315639506, E-mail: schwarzova@iapg.cas.cz                                                                      ...................                                                                          Razítko, podpis |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **Interní údaje objednatele : 811000 \ 120 \ 300197 GAČR Macholán \ 0300 Deník: 32 \ Neinvestice GAČR,AZV,IG,režieLAB** |  |  |  |  |