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| **Odběratel:** | **Dodavatel:** |
| **Oborová zdravotní pojišťovna zaměstnanců bank, pojišťoven a stavebnictví** | **KARDI AI Technologies s.r.o.** |
| Roškotova 1225/1 | 28. října 459/11 |
| 14000 Praha | 77900 Olomouc |
| IČO: 47114321 | IČO: 14328127 |
| DIČ: CZ47114321 | DIČ: CZ14328127 |
| Zapsaná v obchodním rejstříku: | Zapsaná v obchodním rejstříku: |
| spisová značka A 7232 vedená u Městského soudu v Praze |  |
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| **Datum objednávky:** | 02.08.2024 |  |
| **Datum platnosti objednávky do:** | 31.12.2024 |  |
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| **Specifikace objednávky:** |  |

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| V reakci na Vaši nabídku u Vás objednáváme poskytnutí 100 ks týdenních licencí |
| (tj. 1 licence = 7 dnů) mobilní aplikace umožňující monitorování a vyhodnocení  |
| případných srdečních arytmií prostřednictvím záznamového zařízení srdeční |
| činnosti (EKG) a současně dodání 20 ks těchto záznamových zařízení.  |
| Mobilní aplikace musí být dostupná pro systémy iOS i Android a musí být |
| certifikovaná jako zdravotnický prostředek. Data měření ze záznamového zařízení  |
| se propíší do mobilní aplikace, kde budou vyhodnocena prostřednictvím umělé  |
| inteligence a v případě nesrovnalostí ihned upozorní uživatele.  |
| Požadujeme poskytnutí 100 ks týdenních licencí a dodání 20 ks záznamových |
| zařízení bez zbytečného odkladu od této objednávky s tím, že licence k aplikaci |
| s výše uvedenými funkcionalitami mohou být ze strany uživatelů využívány |
| (aktivovány) libovolně, tj. v různém množství a časovém období. |
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| **Smluvní cena celkem (bez DPH):** | 95 260,00 Kč |  |
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| **Smluvní cena celkem (včetně DPH):** | 115 264,60 Kč |  |
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| **Dodací adresa** | **Fakturační adresa** |
|  |  |  |  |
| Oborová zdravotní pojišťovna zaměstnanců bank, pojišťoven a stavebnictví | Oborová zdravotní pojišťovna zaměstnanců bank, pojišťoven a stavebnictví |
| Oborová zdravotní pojišťovna | Oborová zdravotní pojišťovna |
| Roškotova 1225/1 | Roškotova 1225/1 |
| 14021 Praha 4 | 14021 Praha 4 |
|  |  |  |  |
| Telefon: |  | Telefon: |  |
| Email: |  | Email: |  |
| Kontakt |  | Kontakt |  |

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| Telefon: |  |  |  |
| Email: |  | Schválil: |  |
|  |  |  | obchodní ředitel |

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| Oborová zdravotní pojišťovna zaměstnanců bank, pojišťoven a stavebnictví |
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| datum, razítko, podpis oprávněné osoby |

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| **Potvrzení objednávky dodavatelem:** |
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| Při fakturaci vždy uvádějte číslo naší objednávky. |

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