# Annex No. 5 – Offer Form

Bidder Information

|  |  |
| --- | --- |
| Full company name |  |
| Registered office address |  |
| TIN (Tax Identification Number)/ National Court Register (KRS) number |  |
| Contact person (name, surname, position) |  |
| Phone / e-mail |  |
| Website (if applicable) |  |

## Offer

1. Request for Quotation (RFQ) number: .....................................................
2. Date of offer submission: .................................................................
3. Total net cost of Study A (Fasted) (PLN/EUR/USD): .........................................................
4. Total net cost of Study B (Fed) (PLN/EUR/USD): .........................................................
5. Payment terms: .................................................................
6. Total Study A implementation time: ..................... weeks
7. Total Study B implementation time: ..................... weeks

## Estimated Study A Timeline

- Time to receive approval from the Regulatory Authority (HA): ....................

- Time to receive approval from the Ethics Committee (EC) (if applicable): ............

- Proposed drug administration schedule: ...........................................

- Preliminary results delivery date: .....................................

- Draft Clinical Study Report (CSR) delivery date: .........................................................

## - Time of FPI - FPO - DB lock (total) [weeks] : .........................................................

## - Time of bioanalysis (total) [weeks] : .........................................................

## - Time of PK/Stats analysis (total) [weeks] : .........................................................

## - Time of CSR\* preparation & finalization (total) [weeks] : .........................................................

## \*including module 2.7.1 table 2.2, 4.1, 4.2, 4.3

## Estimated Study B Timeline

- Time to receive approval from the Regulatory Authority (HA): ....................

- Time to receive approval from the Ethics Committee (EC) (if applicable): ............

- Proposed drug administration schedule: ...........................................

- Preliminary results delivery date: .....................................

- Draft Clinical Study Report (CSR) delivery date: .........................................................

## - Time of FPI - FPO - DB lock (total) [weeks] : .........................................................

## - Time of bioanalysis (total) [weeks] : .........................................................

## - Time of PK/Stats analysis (total) [weeks] : .........................................................

## - Time of CSR\* preparation & finalization (total) [weeks] : .........................................................

## \*including module 2.7.1 table 2.2, 4.1, 4.2, 4.3

## Documents Required for Submission to HA and EC

.........................................................................................  
.........................................................................................

## Bidder’s Declaration

I hereby declare that the offer includes all activities specified in the Request for Quotation and has been prepared in accordance with the requirements of the Contracting Authority.

.............................................. ..............................................  
Place, date Signature and stamp of the Bidder