Anexa nr.7 la Instrucțiunea
aprobată prin ordinul IFPS
nr. 400 din 14 martie 2014

CC 04 AE

CERTIFICAT
privind lipsa sau existenţa restanţelor faţă de bugetul public naţional

Nr. / № A1911025 **din** / от 13.03.2019

1. Destinatar / Получатель

PENTRU PARTICIPARE LA PROCEDURI DE ACHIZITII PUBLICE

2. Date despre contribuabil / Информация о налогоплательщике

Denumirea / Наименование	**Codul fiscal / Numărul de identificare** / Фискальный код / Идентификационный номер
I.M. BECOR S.R.L.	1003600060828
Adresa sediului de bază (strada, numărul) / Адрес основного месторасположения (улица, номер)	**Codul - Denumirea localității** / Код - Наименование населенного пункта
Calea Orheiului nr.111 bl.5	0150-SEC.RISCANI

3. Atestarea lipsei sau existenței restanțelor conform datelor Sistemului Informațional Automatizat / Подтверждение отсутствия или наличия недоимки согласно данных Автоматизированной Информационной Системы

La data emiterii prezentului certificat restanța la bugetul public național constituie/ На дату выдачи данной справки недоимка перед национальным публичным бюджетом составляет: **0,00** lei/лей.

4. Valabil pînă la / Действителен до 28.03.2019

5. Autentificarea organului fiscal / Подтверждение налогового органа

Director adjunct interimar al SFS — **Funcția**/Должность

Semnătura/Подпись

Ludmila BOTNARI — **Numele și prenumele**/Фамилия и имя

L.Ș./ М.П.

Executor: Ana Ciubaciuc 823433 — **Numele și prenumele**/Фамилия и имя

Este extras din Sistemul Informațional al SFS SIA „Contul curent al contribuabilului"// 13.03.2019 ora 9:47:19
cu aplicarea prevederilor pct. 82-83 Ordin IFPS nr.400 din 14.03.2014 (Monitorul Oficial 72-77/399, 28.03.2014)

NOTA (28,91)

Digitally signed by Lazari Cristina
Date: 2019.03.14 15:38:57 EET
Reason: MoldSign Signature
Location: Moldova

MOBIAS BANCA

F/COM/TF/01/01

Beneficiar: IMSP Centrul de Sănătate nr. 1, Orhei
Adresa: or. Orhei, str. Vasile Lupu, 127
Data: 14 martie 2019

GARANŢIE DE OFERTĂ nr. LG41996507100

Banca Comercială "MOBIASBANCĂ – Groupe Société Générale" S.A., adresa juridică MD-2012, bd. Ştefan cel Mare și Sfânt, 81A, mun. Chişinău, Republica Moldova a fost informată că „BECOR" S.R.L. (numită în continuare „Ofertant") urmează să înainteze oferta către Dvs. la data de 15 martie 2019 (numită în continuare „ofertă") pentru achiziția de reactive și consumabile pentru laborator conform necesităților pentru anul 2019, conform Numărului de notificări: ocds-b3wdp1-MD-1550478458258.

La cererea Ofertantului, noi, Banca Comercială "MOBIASBANCĂ – Groupe Société Générale" S.A., prin prezenta, ne angajăm în mod irevocabil să vă plătim orice sumă sau sume ce nu depăşesc în total suma de:

2 000,00 (două mii, 00) MDL

la primirea de către noi a primei solicitări din partea Dvs. în scris, însoţite de o declaraţie în care se specifică faptul că Ofertantul încalcă una sau mai multe dintre obligaţiile sale referitor la condiţiile ofertei, şi anume:

a) şi-a retras oferta în timpul perioadei valabilităţii ofertei sau a modificat oferta după expirarea termenului-limită de depunere a ofertelor; sau
b) fiind anunţat de către autoritatea contractantă, în perioada de valabilitate a ofertei, despre adjudecarea contractului: (i) eşuează sau refuză să semneze formularul contractului;; sau (ii) eşuează sau refuză să prezinte garanţia de bună execuţie, dacă se cere conform condiţiilor licitaţiei, ori nu a executat vreo condiţie specificată în documentele de atribuire, înainte de semnarea contractului de achiziţie.

Această garanţie va expira în cazul în care ofertantul devine ofertant cîştigător, la primirea de către noi a copiei înştiinţării privind adjudecarea contractului şi în urma emiterii Garanţiei de bună execuţie eliberată către Dvs. la solicitarea Ofertantului.

Prezenta garanţie este valabilă pînă la data de 29 aprilie 2019 (inclusiv).

Cu respect,

Cornelia Rotari

Directorul Sucursalei Corporative
Banca Comercială „Mobiasbanca-Groupe Société Générale" S.A.

MOBIAS BANCA Sucursala Corporativă

Executor: Alina Petrov
Tel. 022-812-530

Digitally signed by Lazari Cristina
Date: 2019.03.14 14:54:51 EET
Reason: MoldSign Signature
Location: Moldova

MD – 2020, or. Chişinău,
srt. Calea Orheiului 111/5
tel. 406 - 299; 406 – 282,
tel./fax. 406 – 271
GSM 069140864
www.becor.md

МД 2020, г.Кишинэу ,
ул. Калеа Орхеюулуй 111/5
тел. 406 - 299;406 - 282
факс. 406 - 271
GSM 069140864
www.becor.md

Nr :11/19
Din :12.03.2019

Către: **IMSP CS Nr 1 Orhei**

In atenţia : **Comisiei de evaluare a ofertelor de la LP Nr .**ocds-b3wdp1-MD-1550478458258

din 15.03.2019 pentru achizitionarea reactive si consumabile de laborator conform necesitatilor IMSP CS Nr 1 Orhei

Declaraţie

Prin prezenta, garantam:

ca termenul de valabilitate restant (la momentul livrării) va constitui 80% din termenul total de valabilitate al produsului nu mai puţin de 12 luni

Prezentarea mostrelor in termen de 3 zile de la solicitare.

Multumim pentru colaborare!
Cu consideratie,

Iurie Bezer
Director ,IM Becor SRL
Ex.Lazari Cristina

Digitally signed by Lazari Cristina
Date: 2019.03.13 10:42:19 EET
Reason: MoldSign Signature
Location: Moldova

EG-Konformitätserklärung/*EC Declaration of Conformity*

gemäß Anhang IV der Richtlinie 98/79/EG des Europäischen Parlaments und des Rates vom 27. Oktober 1998 mit TÜV SÜD Product Service GmbH (Ridlerstraße 65, 80339 München, Germany) als Notified Body (Nr. 0123)
as per Annex IV of Directive 98/79/EC of the European Parliaments and Council of 27 October 1998 via TÜV SÜD Product Service GmbH (Ridlerstrasse 65, 80339 Munich, Germany) as the Notified Body (No. 0123)

Hersteller/*Manufacturer:*	Roche Diagnostics GmbH
Adresse/*Address:*	Roche Professional Diagnostics Sandhofer Straße 116 D-68305 Mannheim

Die Roche Diagnostics GmbH erklärt, dass das Produkt/die Produktfamilie (bei rezepturgleichen Produkten)
Roche Diagnostics GmbH declares that the product/the product line (in case of products manufactured by identical recipes)

Produktname/*Product name:*	**Accutrend Cholesterol**
Art.-Nr./*Id. No.:*	**11418262 (25 tests)** **11418254 (5 tests)**
Beschreibung/*Description:*	Teststreifen zur quantitativen Cholesterin-Bestimmung aus frischem oder heparinisiertem frischen Kapillarblut. Ausschließlich für die Verwendung mit dem Accutrend GC, Accutrend GCT oder Accutrend Plus Messgerät. Zur Selbstabwendung geeignet. *Test strip for the quantitative determination of cholesterol in fresh or heparinised fresh capillary blood. Use only with the following meters: Accutrend GC, Accutrend GCT oder Accutrend Plus. Suitable for self-testing.*

auf das/die sich diese Erklärung bezieht, den Forderungen der EG-Richtlinie 98/79/EG des Rates vom 27. Oktober 1998 (bzw. seine Umsetzung in nationales Recht der Mitgliedsstaaten in welchen das Produkt vermarktet werden soll) über In-vitro-Diagnostica entspricht.
to which this declaration relates fulfils the requirements of EC Directive 98/79/EC of the Council of 27 October 1998 (and its relevant transposition into the national laws of the Member States in which the device is intended to be placed on the market) concerning in-vitro diagnostic devices.

Mannheim, 25.11.2010

Roche Diagnostics GmbH
ppa./*on behalf of the company*

Dr. M. Thein
Head of Quality
Roche Professional Diagnostics

i. V./*on behalf of the company*

Annerose Schenkel
Head of Quality Control Mannheim
Roche Diagnostics Global Operations

Kontaktadresse/*Contact address:*
Roche Professional Diagnostics
Abt./*Dept.* Global Regulatory Affairs
Sandhofer Straße 116
D-68305 Mannheim
Fax: +49 621/759 1448

REPUBLICA MOLDOVA, mun. CHISINAU IDNO: 1003600060828 I.M. «BECOR» S.R.L. PENTRU CONTRACTE

Digitally signed by Lazari Cristina
Date: 2019.03.14 09:40:24 EET
Reason: MoldSign Signature
Location: Moldova

Roche Diagnostics GmbH; Sandhofer Strasse 116; D-68305 Mannheim; Telefon +49 621 759 0; Telefax +49 621 759 2890

EG-Konformitätserklärung/*EC Declaration of Conformity*

gemäß Anhang IV der Richtlinie 98/79/EG des Europäischen Parlaments und des Rates vom 27. Oktober 1998 mit TÜV SÜD Product Service GmbH (Ridlerstraße 65, 80339 München, Germany) als Notified Body (Nr. 0123)
as per Annex IV of Directive 98/79/EC of the European Parliaments and Council of 27 October 1998 via TÜV SÜD Product Service GmbH (Ridlerstrasse 65, 80339 Munich, Germany) as the Notified Body (No. 0123)

Hersteller/*Manufacturer:*	Roche Diagnostics GmbH
Adresse/*Address:*	Roche Professional Diagnostics Sandhofer Straße 116 D-68305 Mannheim

Die Roche Diagnostics GmbH erklärt, dass das Produkt/die Produktfamilie (bei rezepturgleichen Produkten)
Roche Diagnostics GmbH declares that the product/the product line (in case of products manufactured by identical recipes)

Produktname/*Product name*:	**Accutrend ® Glucose**
Art.-Nr./*Id. No.*:	**11447475 (25 tests)**
Beschreibung/*Description*:	Teststreifen zur quantitativen In-vitro-Bestimmung des Blutzuckers aus frischem oder heparinisiertem Kapillarblut mit Accutrend Plus, Accutrend GCT, Accutrend GC oder Accutrend DM Messgeräten. Für medizinisches Fachpersonal oder Patienten. Zur Selbstanwendung geeignet. *Test strips for the in vitro quantitative determination of whole blood glucose in fresh or heparinised capillary blood with Accutrend Plus, Accutrend GCT, Accutrend GC, or Accutrend DM meters. For use by health care professionals or by patients. Suitable for self-testing.*

auf das/die sich diese Erklärung bezieht, den Forderungen der EG-Richtlinie 98/79/EG des Rates vom 27. Oktober 1998 (bzw. seine Umsetzung in nationales Recht der Mitgliedsstaaten in welchen das Produkt vermarktet werden soll) über In-vitro-Diagnostica entspricht.
to which this declaration relates fulfils the requirements of EC Directive 98/79/EC of the Council of 27 October 1998 (and its relevant transposition into the national laws of the Member States in which the device is intended to be placed on the market) concerning in-vitro diagnostic devices.

Mannheim, 07 May 2013

Roche Diagnostics GmbH
ppa./*on behalf of the company*

Dr. M. Thein
Head of Quality
Professional Diagnostics

i. V./*on behalf of the company*

A. Schenkel
Head of Quality Control Mannheim
Professional Diagnostics

Digitally signed by Lazari Cristina
Date: 2019.03.14 09:42:39 EET
Reason: MoldSign Signature
Location: Moldova

REPUBLICA MOLDOVA, mun. CHIŞINĂU IDNO 1003600060828 I.M. «BECOR» S.R.L. PENTRU CONTRACTE ATEA CU RĂSPUNDERE LIMITATĂ

KEKSvorlage Annex IV.doc - la

Roche Diagnostics GmbH; Werk Penzberg; Nonnenwald 2; D 82377 Penzberg; Telefon +49 8856 60 0; Telefax +49 8856 60 3896

Vultureni nr. 80, S 4, Bucharest - ROMANIA
Phone/fax : +4-021- 450.58.90; +4-021- 451.00.08

"See Now" FOB CassetteTest CE

Feces

For in vitro Diagnosis Use
Product Code: SN 3.7

INTENDED USE

The *"See Now"* Fecal Occult Blood(FOB) test is a rapid and convenient immunochromatographic. It is used for *in vitro* qualitative determination of FOB in feces at or above the cutoff of 50 ng/ml. This assay provides only a preliminary result. Clinical expertise and professional judgment should be sought to further evaluate the results of the test.

.PRINCIPLE

Fecal Occult Blood (FOB) is intended for professional use for blood present in the feces that is not visibly apparent. Hemoglobin in feces is an indication of internal bleeding associated with pathological conditions of gastrointestinal tract such as colon polyps, colorectal carcinoma, ulcerative colitis and Crohn's disease.

The principle of FOB Test is a double antibody sandwhich, immunochromatographic assay. The specific antibody to human hemoglobin is conjugated with colloidal gold particles and immobilized on the nitrocellulose membrane respectively. When the sample is added, hemoglobin molecules in the specimen can be captured by specific antibodies conjugated to colloidal gold. Through capillary action, the antigen-antibody-gold complexes are migrated along the nitrocellulose membrane and captured by the specific antibodies immobilized on the membrane. Red color lines will appear on the test zone (T) if hemoglobin presents in the specimen. The complexes will be moved continually and captured in the control zone (C) where the second antibody is immobilized. To serve as an internal process control, a control band should always be seen after test is completed. Absence of a colored control line in the control region is an indication of an invalid result.

MATERIALS SUPPLIED

- Pouch Contents: Cassette, Sample Dropper, a Vial with Diluent buffer; Desiccant; Test instruction

MATERIALS REQUIRED BUT NOT SUPPLIED

- Clean, specimen collection container, clock or timer.

SPECIMEN PREPARATION

- Collect a random sample of feces in a clean, dry container.
- Insert the stick into the feces a few times.
- Remove excess of feces from the stick by gently wiping it with an absorbent tissue.
- Add the feces sample and small amount diluent into a sterile tube, and mix the feces sample with diluent. The supernatant will be used for the test.

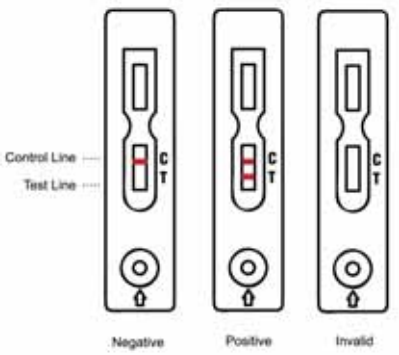
TEST PROCEDURE

- Remove the test device from the sealed pouch by tearing at the notch. Then place the testing device on a level surface. Thoroughly shake the collection tube containing fecal sample, to ensure proper mixing of the sample with the buffer solution.
- Holding the Sample dropper vertically, adds four full drops (0.2ml) of specimen without air bubbles into the sample well that is marked with an arrow on the testing device.
- Read the result at 15 minutes. Ensure that the background of the test area is white before interpreting the results. Do not read the results after 30 minutes.

INTERPRETATION OF RESULTS

Negative

Only one pink colored band appears at the control region.



Positive

Distinct pink colored bands appear at the control and test line regions.

Invalid

No visible band at the control region. Repeat with a new test device. If test still fails, please contact the distributor with the lot number.

STORAGE AND STABILITY

- Test device in the sealed pouch can be stored at 15-25ºC up to the expiration date. Do not freeze the test device.
- The test device should be kept away from direct sunlight, moisture and heat.

PRECAUTIONS

- For *in vitro* diagnostic use only.
- Test device should remain sealed until use.
- Do not used after the expiration date shown on the pouch.
- Keep out of children's reach.

LIMITATION OF PROCEDURE

- This product is designed for in vitro diagnostic use only.
- There is always a possibility that false results will occur due to the presence of interfering substances in the specimen beyond the control of the manufacturer, such as technical or procedural errors associated with the testing.
- As with all diagnostic tests, a definitive clinical diagnosis should not be based on the results of a single test, but should only be made by the physician after all clinical and laboratory findings have been evaluated.

Digitally signed by Lazari Cristina
Date: 2019.03.06 16:56:04 EET
Reason: MoldSign Signature
Location: Moldova