

报价单 Quotation 服务订单 Statement of Work
 --- 供年度物料制作供应商使用

供应商 Vendor:	上海鸿洋彩烈市场营销策划有限公司
联系人 Contact person:	Katherine.Xie
电话 Phone:	18680172145

Exhibit 1

PO No.: _____

根据艾尔建医疗器械（上海）有限公司（“艾尔建”）与【上海鸿洋彩烈市场营销策划有限公司】（“服务方”）于 2021 年 7 月 8 日签署生效的《常年服务协议》（以下简称“服务协议”）的约定，艾尔建和服务方签署本服务订单。在服务协议中约定的条件和条款适用于本服务订单项下的服务。Based on the Long Term Service Agreement entered in by and between Allergan Information Consulting (Shanghai) Co., Ltd. (“Allergan”) and [Colorware] (“Service Provider”) and effective on [8th July, 2021] (“the Agreement”), Allergan and Service Provider enter into this Statement of Works on [] (“SOW”). This SOW shall be subject to the terms and conditions as set forth in the Agreement.

公司名称 Company: 艾尔建 Allergan
 报价日期 Quotation Date: 2023年12月7日 活动编号 Event Code: _____
 币种 Currency: RMB 交货日期 Delivery Date: 2023/12/31
 备注 Requirements: / 交货地点 Delivery Venue: _____

序号 Item No	物料 Item / 费用项目 Expense Item	不含税单价 Unit Price	含税单价 Unit Price	数量 Quantity	不含税小计 Sub-total	交付后保质期 Maintenance after Delivery
1	解剖真我本色 (小册子)	4.9	5.5	2000	9734.51	1年
含税 (13%) 合计 Total					11000	

1. 艾尔建审计权 ALLERGAN's Right to Audit

服务方在本报价单作出的报价应体现市场上或者行业内合理的公允价值，不应存在不合理的费用要求。The quotation herein shall reflect the reasonable fair market value in the relevant industry, and shall not include any unreasonable items. 如服务方在本协议的实际履行时，在与其有劳动关系的员工之外，还雇佣聘请包括医疗卫生专业人士在内的第三方并向之付费，服务方可通过银行转账形式进行付费。在任何情况下不得以现 For the purpose of performing this Agreement, if Service Provider intends to conduct a payment to any third party (other than the employees of Service Provider, including 服务方不得以向艾尔建主张费用或其他补偿方式向任何第三方转移或者输送不正当利益，艾尔建的任何雇员亦无权以任何理由要求服务方向任何第三方转移或输送不正当利益。 Service Provider shall not request compensation or fees from ALLERGAN, in order to transfer or deliver any undue profit to any third party. None of ALLERGAN's employee of 艾尔建针对服务方为履行本协议而提供的服务具有审计权，如果艾尔建有合理理由怀疑服务方提供的服务不合法或者不当，艾尔建有权拒绝支付相应的款项。如果因服务方的不当行为给艾尔建造成损失的，艾尔建有权要求服务方进行赔偿。 ALLERGAN is entitled to audit the Service provided by Service Provider hereunder, and to refuse the payment of the Service Fees or other Expenses corresponding to the

2. 不良事件报告要求 Adverse Event Report

服务方同意，如其收到与艾尔建相关的医学或非医学投诉信息，应立即向艾尔建转述该等信息。如服务方收到任何疑似就艾尔建相关产品作出的投诉，应就投诉内容及相关信息在24小时之内通 In the event that SERVICE PROVIDER receives complaints (medical or non-medical) in relation to ALLERGAN, that upon such complaint information, SERVICE PROVIDER agrees

本订单经双方盖章生效，复印件与原件具有同等效力。

This Statement of Work shall be stamped by both Parties to become valid. Photocopy of this Statement of Work is accepted with the same effect as the original.



艾尔建医疗器械（上海）有限公司（盖章）
 签字: _____
 打印名: _____
 职务: _____
 日期: 2023/12/13