

报价单 Quotation/ 服务订单Statement of Work

--- 供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
电话Phone:	186 8017 2145

Exhibit 1

PO No:

根据艾尔建医疗器械(上海)有限公司(“艾尔建”)与供应商【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《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 [Achieve-tech] (“Service Provider”) and effective on [] (“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: 艾尔建医疗器械(上海)有限公司Allergan
报价日期Quotation Date: 2024年12月9日 活动编号 Event Code:
币种Currency: RMB 交货日期 Delivery Date: 1月
备注Requirements: / 交货地点Delivery Venue:

序号Item No	物料Item	单价Unit Price	单价(不含税)	数量Quantity	小计Sub-total	小计(不含税)	交付后保质期 Maintenance after Delivery
1	乔雅登发带	10.3056	9.12	1300	13,397.28	11,856.00	
合计Total					13,397.28		

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,还需要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金直接向其支付,如在本协议

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 but not limited to HCP(s)), such payment made or to be made by Service Provider to any third party shall be made by means of bank transfer, not by cash in any way. In the event that it is necessary, reasonable, and legitimate under this Agreement or any applicable laws for Service Provider to conduct a payment to a HCP to perform this agreement, ALLERGAN shall be notified of such and entitled to verify the authentication, legality and justifiability of such payment before any payment.

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 ALLERGAN is entitled or authorized to request service fees from ALLERGAN for the performance of this agreement. If ALLERGAN has reasonable grounds to believe that the service provided by Service Provider is illegal or improper, ALLERGAN has the right to refuse to pay the corresponding amount. If the service provider's improper conduct causes loss to ALLERGAN, ALLERGAN has the right to request service provider for compensation.

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 illegal or undue part of the Services. In case that any damage upon ALLERGAN is incurred by the undue conducts of Service Provider, ALLERGAN may demand indemnification by Service Provider.

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小时之内通知艾尔建。服务方应要求上述投诉的投诉人就其提供尽可能多的信息,并且该等信息应以书面方式提供。

In the event that SERVICE PROVIDER receives complaints (medical or non-medical) in relation to ALLERGAN, that upon such complaint information, SERVICE PROVIDER agrees to forward such information forthwith to ALLERGAN. SERVICE PROVIDER shall advise ALLERGAN within 24 hours of any suspected Product complaint in relation to ALLERGAN, which may be reported by any complainant. SERVICE Provider shall request each of such complainant to provide, in writing, as much information as is available at the time of the complaint.

本报价单一经双方盖章则作为订单生效;但如双方专为本报价单所示项目而签订服务协议,则本订单的效力受该协议的条款约束。订单的复印件与原件具有同等效力。

This Quotation, if stamped by both Parties, will become a valid Statement of Work between Parties; but if a specific Service Agreement are executed by Parties for the items in this Quotation, then the validity of this Statement of Work shall be subject to such a Service Agreement. Photocopy of this Statement of Work is accepted with the same effect as the original.

服务方: (盖章)

签字: _____
打印名: _____
职务: _____
日期: _____



艾尔建医疗器械(上海)有限公司(盖章)

签字: 施逸敏
打印名: 施逸敏
职务: _____
日期: 2024.12.10

