



UNIVERSITA' DEGLI STUDI DI CATANIA

Dipartimento: Dipartimento di Scienze del Farmaco e della Salute

N.	Struttura amministrativo - contabile
4	DSFS

Catania,

28	10	2025
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Al Dirigente A.Fi

Prot. N...	
Alleg.	Richiesta - preventivo
N.rich.	324

a cura dei servizi istituzionali

Id.gest.	cod.contab.	ente
<	20016	40

a cura dei servizi contabili

Oggetto: nota istruttoria n. 324

Struttura richiedente	
Descrizione	
C.R.	Dipartimento di Scienze del Farmaco e della Salute
C.C.	
DOC.	Prof.ssa C. Parenti
a cura	servizi istituzionali

Spesa finalizzata (1):	
	Forniture
	Utenze
x	Servizi (incluse manut. attrezzature)
	Missioni
	Contratti co.co.co e occasionali
	Contratti d'insegnamento
	Assegni di ricerca
	altro:

Inoltare le richieste per singola tipologia

La spesa viene imputata :		Finanziam.interno/esterno
Budget Dipartimento		
C/ Terzi		
Progetto:		
codice Progetto:		
CUP:		
Resp.Scientif.:		
Fondi di Ricerca		x

a cura dei servizi istituzionali

(1)	Specificare in dettaglio la spesa da sostenere per singola tipologia					
interventi	DESCRIZIONE ANALITICA DELLA SPESA	IMPORTO	CODICE CAPITOLO	ES.	Impegno provvisorio	Co.An.
1	human binding agonist radioligand	3.023,02				
	Iva 4%	665,06				
	Totale	3.688,08				

a cura dei servizi contabili

Ulteriori informazioni	
Nessun Rup per questa Nota Istruttoria	

a cura dei servizi istituzionali

Il Direttore del Dipartimento

Il Responsabile Amministrativo Gestionale

Il Responsabile Funzionario Contabile

X	conosc.
XX	comp.

Direzione amm.va Aree	competenza conoscenza
Direzione amm.va	X
AFI	XX
ARIT	
ACUC	
ADI	
ARI	
ATM	
ACOM	
ARU	
ULA	
ASEG	

altre strutture di servizio	competenza conoscenza
Tipografia	

compilazione a cura dei servizi istituzionali
trasmissione a cura dei servizi contabili



RICHIESTA D'ORDINE

PROF. PARENTI CARMELA FONDO PROGETTO PIACERI 2024-2026 / Linea di Intervento 1
UPB: 57722172162

RIFERIMENTO A OFFERTA

Vedi preventivo nella e-mail allegata. Lo sconto del 10% come da e-mail.

SI RICHIEDE IL SERVIZIO A Eurofins Discovery QUALE UNICA AZIENDA IN EUROPA

Urgente: Fondi FIR (pena esclusione rifinanziamento del progetto)

Indirizzo di consegna (specificare piano): **DIP. DI SC. DEL FARMACO E DELLA SALUTE**

casetta rurale torre biologica

via santa sofia 79, 95125 CATANIA

Cod. Univ. Prod. o Marca	Descrizione	Q.tà	IMPORTO unit.	IMPORTO tot.
889	sigma1 Human Binding Agonist Radioligand LeadHunter Assay - FR	1	1217,02	1095,36
3468	sigma2 Human Binding Agonist Radioligand LeadHunter Assay - FR	1	2141,86	1927,66
	TOTALE SCONTATO			3023,02
	<i>IVA</i>			665,06
	TOTALE IVA INCLUSA			3688,08€

Catania, 20/10/2025

Il Richiedente

Il Responsabile del Fondo



All'Ufficio amministrativo e del personale
All'Ufficio provveditoriale

Prot. n. 781059
Allegati:

RICHIESTA AFFIDAMENTO SERVIZIO O FORNITURA

OGGETTO	<input checked="" type="checkbox"/> SERVIZIO	<input type="checkbox"/> FORNITURA
	SAGGI COMPETITION BINDING	
MOTIVAZIONI CHE GIUSTIFICANO LA RICHIESTA	VALUTAZIONE IN VITRO	
MOTIVAZIONI CHE GIUSTIFICANO L'EVENTUALE URGENZA		
IMPORTO PRESUNTO (comprensivo di eventuali rinnovi)	<input checked="" type="checkbox"/> sino ad Euro 10.000,00	€ 3022,99 esclusa IVA
	<input type="checkbox"/> compreso tra Euro 10.000,00 ed Euro 40.000,00	€ _____, esclusa IVA
	<input type="checkbox"/> superiore ad Euro 40.000,00	€ _____, esclusa IVA
Clausole essenziali del servizio/fornitura richiesto		
DATI DI BILANCIO	IMPORTO PRESUNTO: € 3688,05 (compreso IVA)	
	FONDO PROGETTO PIACERI 2024-2026 / Linea di Intervento 1UPB: 57722172162	
	SAGGI UTILE ALLA RICERCA	
CUP (ove previsto)		

Catania, 20/10/2024

Il richiedente

Carlo Pizzi

Il titolare del fondo

Carlo Pizzi

Customer Delivery Information

Department of Drug and Health Sciences (DSFS) -
University o
Centro Universitario S.Sofia (CUSS), Via Santa Sofia, 64
95125, Catania
Italy
Name: Lorella Pasquinucci
Email: lorella.pasquinucci@unict.it

Customer Invoice Information

Department of Drug and Health Sciences (DSFS) -
University o
Centro Universitario S.Sofia (CUSS), Via Santa Sofia, 64
95125, Catania
Italy
Name: Lorella Pasquinucci
Email: lorella.pasquinucci@unict.it

Quotation Number FR095-0054724-Q01	Study Code FR095-0054724	Customer Account No EU-01007630	For Order and Sample Submission Questions ClientServicesPoitiers@discovery.eurofinseu.com
Date Issued 20-Oct-25	Customer reference	Payment Terms 50% Prepay / rest 30 days	For Prepayment, Invoice and Billing Questions FinancialServicesPoitiers@discovery.eurofinseu.com
Quote Valid Until 19-Nov-25	Promo Code	Loyalty Category Standard	For Product and Service Information Sahar.Davatgarbenam@discovery.eurofinseu.com

Summary

Price	Discount	Charges	Net Price	VAT	Grand Total Price	Currency
3,524.22	501.20	0.00	3,023.02	0.00	3,023.02	EUR

Details

Item #	Description	Assay Mode	Smpl	Conc	Rep	Qty	Option	TAT*	Unit Price	Net Unit Price**	Net Price
889	sigma1 Human Binding Agonist Radioligand LeadHunter Assay - FR	Flexible	1	7	2	14.00	Standard	15	91.21	78.24	1,095.36
Special Requirement:											
3468	sigma2 Human Binding Agonist Radioligand LeadHunter Assay - FR	Flexible	1	7	2	14.00	Standard	15	160.52	137.69	1,927.66
Special Requirement:											

Smpl = Samples; Conc = Concentrations; Repl = Replicates; Qty = Quantity; TAT = Turnaround Time.

*Please see "Delivery Dates, Turnaround Time" section of Terms and Conditions (see web link in the "Authorization and Acceptance" section) for more details.

**Net Unit Price corresponds to Unit Price after any applicable discounts and/or surcharges. Some items have a minimum order quantity. For these: if the ordered quantity is below the minimum, Net Unit Price will be higher than the Unit Price. Quantity can be adjusted to achieve a better price. Please see the item detail page by clicking on the Item # in the quotation or please contact us.

Additional Charges	0.00
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Special Instructions:

Exceptional discount : 10%

Please note that should you accept this quotation, we require receipt of a 50% prepayment before the order can be processed. For your reference, payment can be made to the account below.

Bank Name: BNP Paribas - Pays de la Loire Entreprises
Address: Technoparc de l'Aubinière - 2, Impasse des Tourmalines
Zip Code: 44000
Town Country: NANTES - France
Account Number: 30004 - 00357 - 000 205 807 70 - 67
IBAN: FR76 3000 4003 5700 0205 8077 067
BIC/SWIFT: BNPAFRPPVLE
Account Name: EUROFINS CEREP

For credit card payment, please contact FinancialServicesPoitiers@discovery.eurofinseu.com.

ORDER PLACEMENT

Orders can be placed by credit card or purchase order.

Eurofins Cerep SA

2, rue du Professeur GARGOUÏL, BP 30001, 86600 Celle L'Evescault, France

Phone +33 (0)5 49 89 30 00 Fax

www.eurofinsdiscovery.com

To pay by credit card, please contact FinancialServicesPoitiers@discovery.eurofinseu.com who will send you a link to our payment portal (Paytweak.com).

Orders using a purchase order can be placed through your Eurofins eCommerce account. The information and attachments obtained from this website are protected under the law. Unauthorized use and modification may result in legal action. Please click here for instructions: <https://www.eurofinsdiscoveryservices.com/misc/catalog/place-an-order/>

Alternatively, the purchase order can also be emailed to ClientServicesPoitiers@discovery.eurofinseu.com. Please ensure the PO details the following remittance address:

Eurofins Cerep SA
2, rue du Professeur GARGOUÏL
BP 30001
86600 Celle L'Evescault
FRANCE
VAT number: FR 47 353 189 848

For any payment queries please contact our finance department FinancialServicesPoitiers@discovery.eurofinseu.com.

Please note that if arranging payment from a bank outside of france, any intermediary or sender's charges should be borne by the sender.

AUTHORIZATION AND ACCEPTANCE

Submitting a purchase order with reference to this quotation number or sending a scanned copy of the signed quotation to the address stated below, is considered an acceptance of prices and all other special conditions listed on the quotation.

Client Services
Email: ClientServicesPoitiers@discovery.eurofinseu.com
Fax:

By authorization and acceptance of this quotation as indicated above, Client authorizes Eurofins to perform the work as described in this quotation, subject to the terms and conditions of the MSA by and between the Client and Eurofins or its affiliate, if any, or if none, or in the event that the MSA is not active or found to be invalid as of the date hereof, then the work described in this quotation shall be subject to the then current version of the Eurofins General Terms & Conditions of Sale of Products and Services, as amended from time to time, which can be viewed at the following link: <https://www.eurofinsdiscovery.com/general-terms-and-conditions-of-sale-aug2025>. This quotation constitutes a separate and distinct contract between Client and Eurofins. In no event shall an affiliate of Eurofins be liable for its obligations under this quotation, and Client shall look exclusively to Eurofins in relation to any rights or remedies it may have with respect to this quotation.

AGREED TO AND ACCEPTED

For: Department of Drug and Health Sciences (DSFS) - University o

By: _____
Name: _____
Title: _____
Date: _____