Załącznik Nr 2 do Załącznika Nr 2

**Harmonogram - zasoby**

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|  | **Załącznik nr …… do umowy nr ………………………………….** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Pozycja** |  | **Kod zakresu** | | | |  | | | | | **Nazwa zakresu** | | | | |  | | | | | | | | | | | | | | | | |
| **I. Miejsce udzielania świadczeń** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kod miejsca (a) | Id podwyk. (b) | Nazwa miejsca (c) | | | | | | | Adres miejsca (d) | | | | | | | | | | | | | VII cz.KR\* (e) | | VIII cz.KR\* (f) | | Profil IX-X cz.KR\* (g) | | | | | Status \*\* | |
|  |  |  | | | | | | |  | | | | | | | | | | | | |  | |  | |  | | | | |  | |
| **II. Dostępność miejsca udzielania świadczeń** | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  |  |  | |
| pn (a) | wt (b) | śr (c) | | czw (d) | | pt (e) | | sob (f) | | | nd (g) | | | Obowiązuje od (h) | | | | | Obowiązuje do (i) | | | | | Status \*\* | |  |  | |  |  |  | |
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| **III. Personel** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Id  osoby (a) | Nazwisko (b) | | | Imiona (c) | | | | PESEL (d) | | | Zawód/specjalność (e) | | | | | | | | St.specjal. (f) | | | NPWZ (g) | | Tyg. lb. godzin (h) | | Obowiązuje od (i) | | Obowiązuje do (j) | | | | Status \*\* |
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| **IV. Sprzęt** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Id sprzętu (a) | Nazwa sprzętu (b) | | | | | | | | | | | Ilość (c) | | | Nr seryjny (d) | | | Rok produkcji (e) | | | Rodzaj dostępności (f) | | | | Dostępny od (g) | | Dostępny do (h) | | | | Status \*\* | |
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| Fundusz\*\*\* |  | |  | |  | |  |  |  |  | Świadczeniodawca\*\*\*\* | | | | | | |  | | |  | |  | |  | |  | |  |  |  | |
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| \* KR (Kody resortowe) - kody nadane zgodnie z rozporządzeniem Ministra Zdrowia wydanym na podstawie art. 105 ust. 5 ustawy z dnia 15 kwietnia 2011 r. o działalności leczniczej (Dz. U. z 2022 r. poz. 633, z późn. zm.). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*\* B - brak zmian, D - dodano, M - zmodyfikowano, U - usunięto | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*\*\* kwalifikowany podpis elektroniczny albo pieczęć wraz z podpisem | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*\*\*\*  kwalifikowany podpis elektroniczny albo pieczęć/nadruk/naklejka świadczeniodawcy - zawierające nazwę, adres, NIP i REGON - wraz z podpisem | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |