**附件1**

江门市人民医院医疗设备报价表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 项目名称 |  | | | | |
| 产品名称 |  | | | | |
| 注册证 |  | | | | |
| 品牌型号 |  | | | | |
| 生产厂家是否属于中小企业： □是 □否 | | | | | |
| 供货商名称 |  | | 生产商名称 |  | |
| 资质审查 | 营业执照 | 有□ 无□ | 医疗器械经营许可证 | | 有□ 无□ |
| 产品授权 | 有□ 无□ | 产品登记表 | | 有□ 无□ |
| 报价（含税/人民币）：  大写： | | | | | |
| 数量 |  | | | | |
| 免费保修年限（含主机+配件） |  | | | | |
| 供货期（天） |  | | | | |
| 联系人、联系方式 |  | | | | |
| 邮 箱 |  | | | | |

**产品核心技术参数**

|  |  |  |
| --- | --- | --- |
| **序号** | **技术参数** | **备注** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| ... | （可添加行） |  |
| **推荐产品独有特点/技术** | | |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| ... | （可添加行） |  |

**配套使用耗材**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **耗材名称** | **型号规格** | **生产厂家** | **注册证号** | **单位** | **单价** | **是否中标** | **是否专机专用** | **耗材占收费的比例** | **药交ID** |
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|  |  |  |  |  |  |  |  |  |  |
| ... | （可添加行） |  |  |  |  |  |  |  |  |

**维保期后配件报价**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **过免费保修期后维保费用（元/年）** | |  | | |
| **序号** | **名称** | **数量** | **单位** | **单价** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| ... | （可添加行） |  |  |  |

注：以上所有项目均需填写，有的填写详情，没有的填写“无”