昆明医科大学第二附属医院咨询一览表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **产品名称** | **规格/型号** | **注册证号** | **品牌** | **生产企业** | **集采流水号** | **国家医保编码** | **计价单位** | **集采单价（元）** | **备注（是否含敷贴）** |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |

**公司名称（盖章）：**

**签字： 联系电话：**

**日期： 年 月 日**

**备注：（不需打印备注）**

1、请各位响应人按照报价单格式进行报价，不得随意改动，确需增补规格的可在末行增补。

2、产品**名称**严格按照医疗注册证名称填写，保证合同、注册证、实物三者名称一致。