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| 附件一 **大邑县妇女儿童医院（大邑县妇幼保健院） 医用耗材/检验试剂 调研表** | | | | | | | | | | | | | | | |
| **公司名称（盖章）：** | | | | | | | **公司电话：** | | | | |  |  |  |  |
| **联系人：** | | |  |  |  |  | **联系电话：** | | | | |  |  |  |  |
| **序号（按调研项目内容中的序号）** | **产品名称（可为调研内容中名称或同功能产品名称）** | **规格型号** | **计量单位** | **包装规格** | **生产厂家** | **注册证/备案凭证号** | **是否挂网** | **挂网流水号** | **挂网价 （元）** | **可优惠价 （元）** | **该耗材在其他医院供应名单** | **国家医保医用耗材代码** | **耗材技术参数** | **主要用途** | **实物高清图片** |
| 1 | 按照产品注册证上的名称填写 | 按照产品注册证上的规格型号填写 | 例如：个 | 例如：\*\*个/包，\*\*包/箱 | 注册证注册人名称 |  |  |  |  |  |  | 27位码 |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 备注：若各型号价格一样，规格型号那栏请填：各型号。 | | | | | | | | | | | | | | | |