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| **表1：孝感市中心医院供应商报名登记表（医学装备类）** | | | | | | |
| **一、企业基本情况** | | | | | | |
| 供应商名称 |  | | | | 法定代表人 |  |
| 组织机构代码 |  | | | | 注册资本 |  |
| 单位地址 |  | | | | 公司类型 |  |
| 主要经营范围 | 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; | | | | | |
| 4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; 5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; 6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; | | | | | |
| 医疗器械经营/生产许可证号 |  | 范围 |  | | 截止日期 |  |
| 企业资质证书 | 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; | 级别 |  | | 截止日期 |  |
| 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; | 级别 |  | | 截止日期 |  |
| **二、投标项目资料** | | | | | | |
| 报名项目名称 |  | 项目编号 | |  | | |
| 投标项目负责人 |  | 电子邮箱 | |  | | |
| 联系方式 |  | 备用联系方式 | |  | | |
| 投标产品品牌 |  | 投标产品产地 | |  | | |
| 投标产品型号 |  | 医疗器械注册证号 | |  | | |
| 产品质量认证 | □美国FDA认证 □欧盟CE认证 □中国CCC认证 | | | | | |
| □其他认证：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 项目案例 | 项目名称 | 品牌、型号 | | 项目金额（或产品数量） | | |
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|  |  | |  | | |
| 产品基本简介 |  | | | | | |

表2：设备明细表（**设备/器械**配置清单）

产品名称：

产品品牌与型号规格：

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | |  |  |  |
| **序号** | **分项物品名称** | **品牌** | **型号规格** | **计量单位** | **数量** | | **注册证号** | |
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**表3 ：设备配套耗材、试剂与配件清单**

产品名称：

产品品牌与型号规格：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **耗材/配件名称** | **型号规格** | **适用设备型号** | **单位** | **备注** |
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**备注：**1、配套耗材是设备运行使用所必须的消耗性材料（或试剂），含一次性材料与有限次数的复用材料。

2、配件（备件）主要是维修配件、易损件等。