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|  | | **（本次投标包段产品名称）耗材报价单** | | | | | | | | | | | | | | |
| **报价单位名称(加盖鲜章): 经办人： 联系电话:** | | | | | | | | | | | | | | |
| **承诺：1.凡本公司所供的产品，价格不高于给其他医院的供货价；凡挂网产品，一律按《四川省医用耗材集中挂网阳光采购系统》公示的最低价执行。** | | | | | | | | | | | | | | |
| **序号** | **产品通用名称** | | **产品注册证名称** | **注册证号** | **注册证有效期** | **生产企业名称** | **进口产品国内代理人** | **品牌** | **规格型号** | **计价**  **单位** | **单价** | **包装规格 （试剂还需提供检测人份数）** | **每人份单价（元）** | **报价依据 （未挂网产品“/”表示）** | | **流水号** |
| **1、未挂网产品提供本次投标产品三家及以上川内三级医院近一年销售发票价格（在表中填写采购单位名称，单价）** | **2、挂网产品不高于市场采购价及阳光挂网最低采购价** |
| 1 |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |