附件1：

**产品调研明细表**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **项目编号** | |  | | | | **设备名称** | |  | | |
| **品 牌** | |  | | | | **型 号** | |  | | |
| **注册证号** | |  | | | | **保修年限** | |  | | |
| **单价(元)** | |  | | | | **使用年限(铭牌)** | |  | | |
| **生产企业** | |  | | | | **供 应 商** | |  | | |
| **通讯接口类型** | |  | | | | **医疗馆采购** | | **□是 □否** | | |
| **选配项目详情**（未注明的，默认为标准配置） | | | | | | | | | | |
| **序号** | **选配项目** | | | | **是否包含** | | | **独立报价（元）** | | |
| **1** |  | | | |  | | |  | | |
| **2** |  | | | |  | | |  | | |
| **3** |  | | | |  | | |  | | |
| **4** |  | | | |  | | |  | | |
| **配套耗材/试剂详情** | | | | | | | | | | |
| **序号** | **名称** | | **规格** | **注册证号** | **平台代码** | | **是否医保** | | **医保编码** | **单价（元）** |
| **1** |  | |  |  |  | |  | |  |  |
| **2** |  | |  |  |  | |  | |  |  |
| **3** |  | |  |  |  | |  | |  |  |
| **4** |  | |  |  |  | |  | |  |  |
| **其他承诺与优惠（可写背面）：**  **代表签名：**  **单位盖章： 联系方式：**  **日 期： 年 月 日** | | | | | | | | | | |

**\*该报价/承诺单必须盖有单位红章。**

**涉及耗材必须注明药械平台代码、是否医保、医保编码、价格（可另附清单）。**

附件2：

**配置清单（单台/套配置）**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **配件名称** | **规格型号** | **归属注册证号** | **数量** | **单位** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

附件3：

**保修期及保修期外维修报价单**

|  |  |  |  |
| --- | --- | --- | --- |
| **保修期： 年** | | | |
| **序号** | **名称** | **规格型号** | **单价（元）** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |