|  |
| --- |
|  |

**中山大学附属第六医院医疗设备产品信息报名表**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **经销商**  **名称** |  | | | **厂家**  **名称** |  | | | |
| **设备名称** |  | | | **品牌** |  | | | |
| **型号** |  | | | **单价**  **（万元）** | **高配** | | **标配** | |
|  | |  | |
| **标配清单** |  | | | | | | **分项报价** | |
|  | |
| **选配清单** | **配件名称** | | | | | | **分项报价** | |
|  | | | | | |  | |
| **专用耗材** | **耗材名称** | | | | | | **分项报价** | |
|  | | | | | |  | |
| **开放性耗材** | **耗材名称** | | | | | | **分项报价** | |
|  | | | | | |  | |
| **质保期等**  **售后服务** |  | | | | | | | |
| **广东省内三甲医院客户名单** |  | | | | | | | |
| **报名公司**  **代表签名** |  | **联系电话** |  | | | **日期** | |  |

|  |
| --- |
|  |