

**铜陵市人民医院医疗器械比选采购**

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| --- |
| 报价材料 |

**项目名称:**

**项目编号： 第 包**

**产品名称：**

**供应商名称： （加盖公章）**

**法人代表或授权委托人：**

**联系人姓名及电话：**

**报价日期：**

**（备注： 此页打印好需另复印一份贴在报价材料档案袋封面）**

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| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 铜陵市人民医院医疗设备报价单  （医疗设备及配套耗材填写此报价单） | | | | | | | | | | | 项目名称： (第 包） 项目编号： | | | | | | | | | | | 序号 | 设备名称 | 品牌 | 规格及型号 | 生产厂家 | 产品注册证 | 单价（元） | 数量 | 总价（单价\*数量） | 备注 | | 1 |  |  |  |  |  |  |  |  |  | | 2 |  |  |  |  |  |  |  |  |  | | 3 |  |  |  |  |  |  |  |  |  | | 4 |  |  |  |  |  |  |  |  |  | | 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 设备若有配套耗材及核心配件需填写 | 配套耗材名称 | 规格及型号 | 注册证（如有） | 单价 | 备注 | 设备核心配件名称 | 规格及型号 | 单价 | 备注 | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | 联系人姓名： 报价日期：    联系人手机： 报价单位（盖章）： | | | | | | | | | |   铜陵市人民医院耗材报价单  （手术器械、化学试剂、耗材需填写此报价单） | | | | | | | | | | |
| 项目名称： (第 包） 项目编号： | | | | | | | | | | |
| 序号 | 耗材名称 | 品牌 | 规格及型号 | 生产厂家 | 产品注册证 | 单价 | 数量 | 总价  （单价\*数量） | 集采流水号 | 备注 |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |
| 总报价（ 每种规格的总价\*规格数量） 大写： 小写： | | | | | | | | | | |
| 联系人姓名： 报价日期：    联系人手机： 报价单位（盖章）： | | | | | | | | | | |

2. 产品彩页

3.产品参数配置及功能介绍

4.用户名单

5. 配送及售后服务方案

6.1 营业执照

6.2医疗器械经营许可证

6.3法人授权委托书

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_：

我以\_\_\_\_ \_（公司名称）法定代表人的身份授权\_\_\_\_\_\_\_\_（姓名）、身份证号\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_，为我单位的全权代表，以我单位的名义签署招标编号\_\_\_\_\_\_\_\_的投标文件及其它文件，参加开标、澄清、商签合同以及处理与之有关的其它事务，我单位均予承认。

授权委托人签字：

投标单位（盖单位公章）：

法定代表人（签字或盖章）：

电话：

年 月 日

附委托代理人身份证复印件

6.4 所投医疗器械产品生产许可证（国产）

（如为进口产品需提供国内总代的医疗器械经营许可证）

6.5 所投产品医疗器械注册证

6.6 产品授权委托书（如有）

6.7 报价承诺函

铜陵市人民医院：

我公司郑重承诺，我公司符合以下规定：

（一）具有独立承担民事责任的能力；

（二）具有良好的商业信誉和健全的财务会计制度；

（三）所投产品符合国家相关行业标准；

（四）所投产品均为全新原厂正品，渠道来源符合国家法律规定；

（五）所投产品价格不高于省内同级地市级医院的供货价格；

（六）在经营活动中没有重大违法记录；

（七）法律、行政法规规定的其他条件。

投标人 （盖单位公章）

年 月 日

7.其他补充材料（如有）