

**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。

（八）我公司承诺中选后向院方提供原厂或原厂授权的代理机构出具的正规销售授权证明，并负责提供原厂售后服务工作。

投标人 （盖单位公章）

年 月 日

7.其他补充材料（如有）