****

**医疗设备采购报名信息记录表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 设备名称 |  | | | 使用科室 | |  | | | | | 报 价 | | |  | | | | | 政采云价格 | | |  | |
| 报投型号 |  | | | 产地品牌 | | | | | | |  | | | | | 保修年限 | | | | |  | | |
| 意向供应商 |  | | | 联 系 人 | | | | | | |  | | | | | 联系电话 | | | | |  | | |
| 医疗器械注册证号 |  | | | | | | | | | | | | | | | | | | | | | | |
| 适用范围  （医疗器械注册证） |  | | | | | | | | | | | | | | | | | | | | | | |
| 硬件配置 |  | | | | | | | | | | | | | | | | | | | | | | |
| 功能配置 |  | | | | | | | | | | | | | | | | | | | | | | |
| 优势技术 |  | | | | | | | | | | | | | | | | | | | | | | |
| 对院方场地及配套要求 |  | | | | | | | | | | | | | | | | | | | | | | |
| 对院方人员要求 |  | | | | | | | | | | | | | | | | | | | | | | |
| 市场在用同档次产品  品牌与型号 | 1 | 品牌 |  | | 型号 | | | | |  | | 2 | | | 品牌 | | |  | | 型号 | | |  |
| 用户单位  （杭州地区优先） | 1： | | | | | | | 2： | | | | | | | | | 3： | | | | | | |
| 设备定位 | 经济效益型🞎 | | | | | | 科室发展或科研型🞎 | | | | | | | | | | 社会效益型🞎 | | | | | | |
| 每年维修费用预估 |  | | | | | | | | 每年全保费用预估 | | | |  | | | | | | | | | | |

填表须知：

1. 所填信息需真是有效
2. 随表附设备彩页、配置清单、耗材清单、医疗器械注册证、投标用技术参数
3. 所有表单填报完毕后需加盖单位公章