附件2

询价报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **国家医保分类编码** | **器械通用名称** | **注册名称** | **注册证号** | **规格** | **型号** | **生产厂家（品牌）** | **计量单位** | **江西省药品和医用耗材招采管理系统挂网价格** | **本省其它医院最低价** | **拟供本院价格** | **联系人** | **联系电话** | **配送公司** |
|  | 　 |  |  |  |  |  | 　 | 　 | 　 | 　 | 　 | 　 | 　 |
|  | 　 |  |  |  |  |  | 　 | 　 | 　 | 　 | 　 | 　 | 　 |
|  | 　 |  |  |  |  |  | 　 | 　 | 　 | 　 | 　 | 　 | 　 |
|  | 　 |  |  |  |  |  | 　 | 　 | 　 | 　 | 　 | 　 | 　 |
|  | 　 |  |  |  |  |  | 　 | 　 | 　 | 　 | 　 | 　 | 　 |
|  | 　 |  |  |  |  |  | 　 | 　 | 　 | 　 | 　 | 　 | 　 |

注：1.此表可自行转换成EXCEL格式。

 2.须含试剂质控品品种。