淮安市中医院医用耗材遴选登记表

公司名称： 联系人： 联系电话： 公司盖章：

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 名称 | 品牌厂家 | 规格型号 | 注册证号 | 中标编码 | 中标价 | 备注 |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
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| 7 |  |  |  |  |  |  |  |
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| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |

（报名时无需提供，带至遴选现场）