附件2：

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| --- | --- | --- | --- | --- | --- | --- |
| 广元市妇幼保健院 | | | | | | |
| 新增医疗设备市场调研和询价清单 | | | | | | |
| **序号** | **设备名称** | **单位** | **数量** | **规格型号** | **主要功能要求** | **备注** |
| 1 | 龋易感性检测配套试剂 |  |  |  |  |  |
| 2 | 配套医疗设备 |  |  |  |  |  |