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| **附件3：** 广元市妇幼保健院 | | | | | | | | | | | | | |
| 建设方舱医院所需医疗设备市场调研报价一览表 | | | | | | | | | | | | | |
| **序号** | **报价公司** | **设备** | **生产厂家** | **品牌** | **规格型号** | **注册证号** | **单位** | **数量** | **市场报价（元）** | **成交报价（元）** | **联系人** | **联系电话** | **备注** |
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| **汇总** | | | | | | | |  | 合计： | 合计： |  |  |  |
| 注：1、该表纸质版加盖鲜章后一式两份，一份装入资料，一份单独提交，电子档Word格式U盘一并报送，缺一份将视为无效资料； | | | | | | | | | | | | | |
| 2、报价应包括运输、保险、代理、安装、调试、人员培训、税费、系统集成费用等所有费用的总和； | | | | | | | | | | | | | |
| 3、表中的序号必须按询价设备或试剂清单的序号填写。 | | | | | | | | | | | | | |