**报价单**

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| **品名** | **规格型号** | **品牌/生产厂家** | **单价** | **数量** | **金额** | **质保期** | **到货期** | **备注** |
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| 合计 |  | | | | | | | |

注：1、随报价单提供医疗器械注册证或第一类医疗器械备案证明。

2、设备及配件分项报价。

**报价公司（盖章）：**

**法人/授权代表（签字）：**

**联系电话：**