**附件3：**

**医疗设备明细表**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **设备名称** | **品牌** | **型号** | **原产地** | **生产企业名称** | **质保期** | **到货期** |
|  |  |  |  |  |  |  |
| **核心部件** | 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

**医疗设备配套医用耗材明细表**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **配套医用耗材名称** | **是否专机专用** | **数量** | **药械平台编码** | **平台最低限价** | **是否收费** | **医保收费项目编码** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |