**附件3:《申报产品一览表格式》**

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| **沈阳市第六人民医院多功能超声清创治疗机、便携式电子支气管内镜申报产品一览表** |
| **序号** | **编号** | **产品名称** | **品牌** | **规格** | **型号** | **注册证号/备案号/非分类管理** | **国产** | **报名企业** | **生产企业** | **配送企业** | **报价数量（例：个、只等）** | **单项报价（元）** | **是否在院** | **在院价格（元）** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**注：“编号”按通知文件附件1《产品清单》内对应编号进行填写。**