**附件1**

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| **北京市延庆区医院（北京大学第三医院延庆医院）**  **拟采购设备论证表** | | | | | | | |
| **参加公司名称： 必填** | | | |  | **联系人姓名（联系方式）**：  **必填** | | |
| **序号** | **产品名称** | **进口/国产** | **品牌/型号** | **配置条件/ 产品性能优势/配套耗材** | **承诺服务** | **报价**  **（万元）** | **最终价格**  **（万元）** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |

注：最终价格由参与专家与供应商会上议价决定