|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **北京市延庆区医院（北京大学第三医院延庆医院）** | | | | | | | |
| **医疗器械采购遴选议价分项报价表** | | | | | | | |
| **投标企业名称：（必填）** | | | | | **联系人电话：（必填）** | | |
| **序号** | **产品名称** | **报价包装单位** | **品牌/型号** | **性能优势** | **国产/进口** | **第一次报价** | **最终报价** |
| **（元）** | **（元）** |
| 1 |  |  |  |  |  |  | 需议价会填写 |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| **附加服务承诺：** | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| **参评企业代表确认签字： 2025年 月 日** | | | | | | | |