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| **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** | **品牌/型号** | **包装规格** | **报价单位** | **第一次报价（元）** | **最终报价** | **备注** |
| **（元）** |  |
| 例 | XX检测试剂 | XX/XX | X人份/盒 | 人份 | 1000.00 | 需议价会填写 |  |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
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| 9 |  |  |  |  |  |  |  |
| **附加服务承诺：** | | | | | | | |
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| **参评企业代表确认签字： 2025年 月 日** | | | | | | | |