附件2：

成都市新都区第二人民医院

医疗设备市场调研表

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| **一、设备基本信息** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 设备注册证名称 | | | |  | | | | | | | | 规格型号 | | | | | | |  | | | | | | | |
| 注册证号 | | | |  | | | | | | | | □ 国产 □进口 | | | | | | | | | | | | | | |
| 生产厂家 | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 厂家类别 | | | | □大型企业 □中型企业 □小微企业 □其他 | | | | | | | | | | | | | | | | | | | | | | |
| 铭牌标注使用年限 | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 可开展的医疗服务项目 | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 成都市物价局规定该设备使用对应的收费项目及编码 | | | | 收费项目名称：  收费项目编码：  收费价格： | | | | | | | | | | | | | | | | | | | | | | |
| **二、供应商信息** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 供应商公司名称 | | | |  | | | | | | | 公司类别 | | | | | | | □设备生产厂家 □总代理商 □其他 | | | | | | | | |
| 企业规模 | | | | □大型 □中型 □小微型 | | | | | | | | | | | | | | 营业执照：□有   □无 | | | | | | | | |
| 医疗器械经营许可证：□ 有  □无 | | | | | | 授权书（设备生产厂家除外） ： | | | | | | | | | | | | | | | | | | | | |
| **三、设备相关信息** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.设备配置及分项报价表** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 | 规格型号 | | | 数量 | | | | | | | | | | | | 单价（万元） | | | | | 备注 | | | | | |
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| 合计报价： 万元 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.是否有可选配功能或配件情况（行数不够，可自行增加）：□无 □有** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 功能/配件名称 | | | | 规格型号 | | | | | 数量 | | | | | | | 单价（万元） | | | | | | | | | | |
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| **3.进口产品情况（国产不填此项）** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 目前国产有无同类产品 | | | | □无 □有 例如：（品牌及型号 ） | | | | | | | | | | | | | | | | | | | | | | |
| 优于国产同类型设备性能指标（该指标对临床有何实际价值） | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **4.有无配套使用耗材（含试剂）（行数不够，可自行增加）： □有 □无** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注册证名称 | 生产企业 | | | 规格\型号 | | | | 注册证号 | | | | | | | | 是否挂网 | | 执行单价（元） | | | 可否计价 | | | | 是否专机专用 | |
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| **5.有无易损件、消耗性配件（行数不够，可自行增加）：□有  □无** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 类别 | | | 名称 | 生产企业 | | | 规格\型号 | | | | | | 执行单价（元） | | | 是否专机专用 | | | | 备注 | | | | |  |  |
| 易损件□  消耗性配件□ | | |  |  | | |  | | | | | |  | | |  | | | |  | | | | |  |  |
| 易损件□  消耗性配件□ | | |  |  | | |  | | | | | |  | | |  | | | |  | | | | |  |  |
| 易损件□  消耗性配件□ | | |  |  | | |  | | | | | |  | | |  | | | |  | | | | |  |  |
| 是否要办证：是□   否□ | | | | | 软件工作站：有□  无□ | | | | | | | | | | | | | 是否需要配套接口：是□  否□ | | | | | | | | |
| **6.销售记录：提供同型号设备四川省内三家及以上医院成交记录（近三年，证明依据：中标通知书、合同、发票等））** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **医院名称** | | **采购时间** | | **采购价格** | | | **与本次推荐配置上的区别** | | | | | | | | | | | | | | | | **备注** | | | |
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| 7.**配置清单**：产品完整的配置清单，含选配件。影响设备价格的配置应列出该配置的价格（可另附详细配置清单） | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 8.**详细技术参数与性能指标**（独有或优于其他品牌同类设备的技术性能指标请予以备注，并说明该技术性能指标对临床有何实际价值） | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **9.消毒灭菌** | | | | 设备或部件使用过程是否需要消毒灭菌 | | | | | | | | | | | 具体部位 | | | | | | | 消毒方式 | | | | |
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| **四、售后服务** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 设备保质期（年） 2. （如分开质保，请注明主机、配件） | | | | 四川省驻地维修工程师人数 | | | | | | 维修响应时间 | | | | | | | 能否提供备用机 | | | | | | | 质保期（≥ 年） | | |
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| 2.质保期后的维保价格（万元/年） | | | | 技术保费用（万元/年） | | | | | | | | | | 全保费用（万元/年） | | | | | | | | 备注 | | | | |
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| **五、承诺** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 我公司承诺对本次成都市新都区第二人民医院组织开展的医疗设备市场调研活动提供的上述内容以及相应资料都是真实的、有效的、合法的。如经查实上述承诺的内容事项存在弄虚作假，我公司愿意承担相应法律责任。    公司名称（盖鲜章）：   法定代表人或授权代理人（签字）：  签署日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | |