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| **设备使用相关耗材情况** | | | | | | | | | | | | | | | | | |
|  | **注册证名称** | **规格** | **型号** | **注册证号** | **中标情况** | | | **生产厂商** | **单价** | **平均**  **每人份费用** | **预计年使用**  **总金额** | **物价部门核准本耗材单独收费代码** | **无单独收费（包括本耗材收费项目）** | | | **被授权供应商** | **供应商企业联系人** |
| **卫生部标** | **福建省标** | **厦门市标** | **收费名称** | **收费标准** | **收费代码** |
| **专机专用耗材** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **推荐使用非专机专用耗材** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **同一功能其他厂家非专机专用耗材（与推荐使用耗材相对应）** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **非专机专用耗材对比（请从产品的性能、用途、参数进行对比）** |  | \*\*\*耗材 | \*\*\*耗材 |  | \*\*\*耗材 | \*\*\*耗材 |  | \*\*\*耗材 | \*\*\*耗材 |  |  | \*\*\*耗材 | \*\*\*耗材 |  | \*\*\*耗材 | \*\*\*耗材 |  |
| 1、对比内容 |  |  | 1、对比内容 |  |  | 1、对比内容 |  |  | 1、对比内容 |  |  |  | 1、对比内容 |  |  |  |
| 2、对比内容 |  |  | 2、对比内容 |  |  | 2、对比内容 |  |  | 2、对比内容 |  |  |  | 2、对比内容 |  |  |  |
| 3、对比内容 |  |  | 3、对比内容 |  |  | 3、对比内容 |  |  | 3、对比内容 |  |  |  | 3、对比内容 |  |  |  |
| 4、对比内容 |  |  | 4、对比内容 |  |  | 4、对比内容 |  |  | 4、对比内容 |  |  |  | 4、对比内容 |  |  |  |
| 5、对比内容 |  |  | 5、对比内容 |  |  | 5、对比内容 |  |  | 5、对比内容 |  |  |  | 5、对比内容 |  |  |  |

附表8

（本人已确认以上填写信息真实、完整、无误。） 供应商代表签名： 盖章：