**附件2**

医用耗材(试剂)报名清单

(所有内容请务必正确、完整填写，以下表格内容均为必填项，否则视为无效。)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **投标**  **项目** | **序号** | **品名** | | **规格型号** | **生产厂家** | **注册证号/生产企业卫生许** **可证号** | **医用耗材代码(27位)** | **包装** **单位** | **重庆药交所产品挂网** **编码** | **备注** |
| **注册名称** | **通用名称** |
| **包 X** | 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |

**配送企业代表签字(盖章):** **联系人及联系方式：** **日期：**