附件2：

**医用耗材项目报价表**

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| **供应商名称** | |  | | | | **联系方式** | |  |
| **序号** | **耗材名称** | | **规格** | **单位** | **报价/元** | | **生产厂家** | |
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| **供应商确认** | | | **本公司承诺提交的资料与上述填写信息真实、有效，如有虚假，本公司承担由此引起的一切责任。**  **签名确认：**  **公司名称：（公章）**  **年 月 日** | | | | | |