附件三

**开办医疗器械选型论证会报名表**

|  |  |
| --- | --- |
| **公司名称** |  |
| **设备名称** |  |
| **品牌** |  |
| **型号** |  |
| **产地** |  |
| **注册证号** |  |
| **单价（万元）** |  |
| **保修期** |  |
| **同型号产品****用户名单** | 重点列举广东省内用户名单 |
| **授权介绍人** |  |
| **介绍人电话** |  |
| **联系邮箱** |  |
| **介绍人身份证正面** |  |
| **介绍人身份证反面** |  |

注：报名表请双面打印；如有专机专用耗材，请附表列明。

**产品核心技术参数**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **序号** | **技术要求** | **技术响应明细** | **列举出本品牌外，****能满足该参数品牌≥2个** | **备注** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| **其它优势参数（请简要列明，原则上不超过5条）** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |