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| **附件１** | | | | | | | | | | | | |
| **珠海市第五人民医院医用耗材市场调研报名表** | | | | | | | | | | | | |
| **供应商名称： 联系人： 联系电话： 供应商为几级代理： 级** | | | | | | | | | | | | |
| **序号** | **名称** | **注册证号** | **规格型号** | **单位** | **材质（进口/国产）** | **生产企业** | **药交ID** | **药品和医用耗材招采管理系统价格（元/单位）** | **耗材可单独收费（列出医保收费编码）** | **耗材不可单独收费，与项目打包收费** | | |
| **医保收费编码** | **打包收费价格** | **耗材价格与打包收费占比** |
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