附件5

省级集中采购信息汇总表

填报单位（盖章）： 联系人： 联系电话：

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **医疗机构信息** | | **拟配置设备信息** | | | | |
| **序号** | **医疗机构名称** | **医院等级** | **配置许可设备名** | **数量**  **（台/套）** | **乙类大型医用设备配置许可证号** | **是否进口产品** | **采购预算（万元）** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |