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| **附件3 产品报价表 报名公司：** 项目类别：例：1、粪便分析试剂  设备报价： 元，设备使用期限 年，设备保修年限 年或□终身保修 | | | | | | | | | | | | | | |
| **序号** | **注册证名称** | **注册证号** | **生产企业** | **规格型号** | **计量单位** | **报价（元）** | **省平台价格（元）** | **广州市平台价格（元）** | **最小包装规格** | **试剂报价每人份金额（元）** | **消耗品每人份金额（元）** | **报价比基准价下降金额（元）** | **报价比基准价下降幅度（%）** | **基准价（元）** |
| **1.1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 备注：1.消耗品每人份金额指质控、定标、清洗、反应杯、吸嘴、取样刷等所有合计每人份的运营成本金额。 | | | | | | | | | | | | | | |
| 2.基准价请参考附件4：阳山县人民医院检验试剂遴选清单 | | | | | | | | | | | | | | |
| 3.报价比基准价下降金额=基准价-试剂报价每人份金额 | | | | | | | | | | | | | | |
| 4.报价比基准价下降幅度=（基准价-试剂报价每人份金额）/基准价\*100% | | | | | | | | | | | | | | |