**一、所用耗材信息（所有一性次耗材+重复用低值易耗品）**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **名称（按注册证名称）** | **注册证编号** | **品牌** | **规格**  | **厂家** | **国家医保耗材代码** | **主要用途** | **单位** | **最高限价（元）≤广东省药交平台联盟区限价** | **广东省平台药交ID** | **注明通用/专用** | **注明一次性/重复** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
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1. **附件:1、耗材注册证；2、设备注册证；3、设备说明书。**

 **供应商名称（盖章）：**

**填写日期：**