**中山市第二人民医院**

**（请填写）采购项目**

**调研文件**

**（正本 / 副本）**

**（加盖骑缝章）**

**供应商名称：**

**供应商代表及联系电话：**

**品牌名称：**

**日期： 年 月**

**中山市第二人民医院采购项目市场调研**

**参与调研的供应商需填写以下信息，并提供以下纸质资料清单**

（1）市场调研报价信息表（表一）（盖章版）

（2）设备的医疗器械注册证及其附页或备案凭证及备案信息表（如有）、设备产品说明书/白皮书/外包装信息（技术参数表）、产品彩页/样机、配置清单（盖章版）。

（3）耗材医疗器械注册证及其附页或备案凭证及备案信息表、耗材说明书。

（4）供应商及厂家证件：营业执照、医疗器械经营许可证/备案凭证、生产

许可证、授权

1. 三家医院采购记录证明材料：如采购合同等

**表一 中山市第二人民医院医疗设备市场调研信息表**

（以下资料均须**每页加盖公章**）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **调研项目名称：**  **第一部分：医疗设备信息**  **1、设备报价表：**含完整配置的设备报价（根据设备情况，可增减行数）   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **设备名称（以注册证名称为准）** | **品牌/厂家** | **型号** | **产地** | **数量 （台）** | **设备**  **价格**  **（万元）** | **设备设计使用年限（提供依据）** | **供货期（合同签订后到货时长）** | **制造商**  **性质** | **是否使用**  **配套耗材** | **配套耗材是否为专机专用耗材** | |  |  |  |  |  |  |  |  | □大型  □中型  □小型  □微型 | □是  □否 | □是  □否 | |  |  |  |  |  |  |  |  | □大型  □中型  □小型  □微型 | □是  □否 | □是  □否 | |  |  |  |  |  |  |  |  | □大型  □中型  □小型  □微型 | □是  □否 | □是  □否 |  1. **收费情况**（如该设备有专项的医疗收费，请填写下表）（可另加行）  |  |  |  |  | | --- | --- | --- | --- | | **使用该设备对应的医保收费名称** | **中山市**  **收费编码** | **中山市**  **收费金额** | **收费依据**  **列明说明书诊疗范围（适应症范围） 与诊疗标准及医保收费内涵是否相匹配，现场提交资料供验证** | |  |  |  |  | |  |  |  |  | |  |  |  |  |  1. **场地需求：**（如该设备对放置、安装或使用场地有特别要求，请注明）   **第二部分：设备配套耗材信息**  **▲如设备不需使用专机专用耗材或试剂，请提供厂家出具保证函，且无需填写以下信息**  **▲如设备需使用专机专用耗材或试剂，请填写以下信息。**   1. **耗材产品报价表（如为可收费耗材填写下表）**  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **序** **号** | **1** | **2** | **3** | **4** | **5** | | **耗材医保编码 (27** **位)** |  |  |  |  |  | | **耗材/试剂**  **中文名称** |  |  |  |  |  | | **型号/** **规格** |  |  |  |  |  | | **生产企业** |  |  |  |  |  | | **产品注册证** |  |  |  |  |  | | **单** **位** |  |  |  |  |  | | **最高限价** |  |  |  |  |  | | **耗材价格** |  |  |  |  |  | | **线上采购**  **（是/否）** |  |  |  |  |  | | **一次性**  **/可复消次数** |  |  |  |  |  |   **备注：**请将常用规格型号的耗材全部报价。若型号规格过多，可另附表   1. **耗材产品报价表（如为不可收费耗材填写下表）**  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **序** **号** | **1** | **2** | **3** | **4** | **5** | | **耗材/试剂**  **中文名称** |  |  |  |  |  | | **型号/** **规格** |  |  |  |  |  | | **生产企业** |  |  |  |  |  | | **产品注册证** |  |  |  |  |  | | **单** **位** |  |  |  |  |  | | **耗材价格** |  |  |  |  |  | | **线上采购**  **（是/否）** |  |  |  |  |  | | **一次性**  **/可复消次数** |  |  |  |  |  |   **3.单次使用耗材成本占收费标准的比率：（耗材成本占收费标准的比率=耗材成本/医疗服务价格\*100%）**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **序号** | **收费项目名称** | **耗材成本（元）** | **医疗服务价格（元）** | **比率** | **备注** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |   注：本表中的收费项目与需表1中的第二个表单对应  **第三部分：维修零配件报价**  **1、维修报价表**：   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **序号** | **核心部件及消耗性配件**  **中文名称** | **型号/规格** | **单位** | **最高限价（元）** | **部件**  **使用寿命** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  1. **后续购买整机维保报价：**       **第四部分：市场占有及销售记录**  1.提供广东省医院客户名单或全国知名医院用户，相关能证明拟报名品牌产品市场占有率的文件。  2.提供其它不少于3家以上医院成交记录（广东省内医院优先）   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **序号** | **医院名称** | **购买时间** | **成交单价（万元）** | **保修年限（年）** | | 1 |  |  |  |  | | 2 |  |  |  |  | | 3 |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  | | --- | | **供应商信息** |   **供应商名称：**  **联系人： 联系电话：**  **邮箱：**  **报价时间： 年 月 日** |