附件 2

医用耗材（试剂）报名清单

(所有内容请务必正确、完整填写，以下表格内容均为必填项)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 品名 | | 规格型号 | 生产厂家 | 注册证号/生产企业卫生许可证号 | 医用耗材代码（27位） | 包装单位 | 重庆药交所产品挂网编码 | 附件1中关键参数所在页码 | 备注 |
| 注册名称 | 通用名称 |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |

配送企业代表签字（盖章）：

联系人及联系方式：

日期：