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| **附件****报价单** |
| 单位名称（盖公章）： | **业务员：** | **电话：** |
| **注册证名称** | **规格型号** | **计量单位** | **参考成本（元）** | **生产产地** | **产品材质** | **最大****包装** | **最小****包装** | **包装****规格** | **注册证号** | **注册证有效期** | **国家医用耗材代码** |
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