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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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