附件2

**主要技术参数及配置清单表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **设备名称** | |  | | | **品牌** | |  | **型号** |  | | | | | **产地** |  |
| **最优惠单价报价** | | **（万元）** | | | **交货期** | | | **（天）** | | | | | | | |
| **提供资料供应商** | |  | | | **提供资料日期** | | |  | | | | | | | |
| **联系人姓名** | |  | | | **办公电话和手机** | | |  | | | | | | | |
| **邮箱** | | |  | | | | | | | |
| **联系人姓名** | |  | | | | **办公电话和手机** | |  | | | | | | | |
| **邮箱** | |  | | | | | | | |
| **免费质保期** | | 至少3 **（年）** | **质保期后全保价格** | | | **(万元/年)** | | **提供备用机** | | | | | **能（ ）不能（ ）** | | |
| **封闭试剂** | | **是（ ） 否（ ）** | | | | **专用耗材** | | **是（ ） 否（ ）** | | | | | | | |
| **设备详细用途** | |  | | | | | | | | | | | | | |
| **详细技术参数**（关键及有优势参数用＊号标明，行数不够可自行增加） | | | | | | | | | | | | | | | |
| **序号** | **参数内容** | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
|  | 配套设备要求： | | | | | | | | | | | | | | |
|  | 房屋水电供气、安装环境等要求： | | | | | | | | | | | | | | |
|  | 质保期内保证每年预防性维护保养次数：至少4次 | | | | | | | | | | | | | | |
| **配置清单**（行数不够可自行增加） | | | | | | | | | | | | | | | |
| **序号** | **名称** | | | | | | **规格** | | | **数量** | | | | **单项优惠价** | |
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| **选配件清单**（行数不够可自行增加） | | | | | | | | | | | | | | | |
| **序号** | **名称** | | | | | | **规格** | | | | **数量** | | | **单项优惠价** | |
|  |  | | | | | |  | | | |  | | |  | |
| **设备投入使用所需的试剂及耗材清单**（行数不够可自行增加） | | | | | | | | | | | | | | | |
| **序号** | **名称** | | | **专用/通用** | | | **规格** | | | | **数量** | | | **单项优惠价** | |
|  |  | | |  | | |  | | | |  | | |  | |
| **主要零配件清单**（价格排前三位的必须报价,行数不够可自行增加） | | | | | | | | | | | | | | | |
| **序号** | **名称** | | | | | | **规格** | | | | **数量** | | | **单项优惠价** | |
|  |  | | | | | |  | | | | |  | |  | |

**XX项目推荐配置方案表（已成交案例情况，另起一页）**

**一、XX医院X台**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 配置件名称 | 品牌 | 型号 | 数量 | 单位 | 单价（元） | 金额（元） |
| 1 | 主机 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
|  | 合计 |  |  |  |  |  |  |

**二、XX医院X台**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 配置件名称 | 品牌 | 型号 | 数量 | 单位 | 单价（元） | 金额（元） |
| 1 | 主机 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
|  | 合计 |  |  |  |  |  |  |

注:每项配置分项报价

**（所投品牌，必填）用户名单**

--------------近三年三级医院（主要提供深圳市的）

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **单位名称** | **型号** | **购置日期** | **成交价格** | **使用科室** | **联系人** | **联系电话** | **成交公告官方链接或附中标通知书、合同复印件** | **是否推荐考察** |
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**技术参数对比表**

**一、主要技术参数和其他品牌比较（同一档次）**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 序号 | （所投品牌型号，必填）参数 | （其他品牌型号，必填）参数 | （其他品牌型号，必填）参数 | 说明 |
|  |  |  |  |  |
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**二、所投品牌不同型号对比表及报价（另起一页）**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **型号1** | **型号2** | **型号3** | **说明** |
| **最优惠报价** |  |  |  |  |
| **参数1：\*\*\*** |  |  |  |  |
| **参数2：\*\*\*** |  |  |  |  |
| **参数3：\*\*\*** |  |  |  |  |

**三、与国产品牌比较的产品优势**

1. **与\*\*\*品牌相比，推荐的\*\*\*品牌设备可以——**