**附件：**

根据本次调研公告的调研清单，我单位（生产/代理）产品符合贵院调查 调查设备名称 初步要求，设备市场价格为 万元。设备情况如下：

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基本信息** | | | | | | | | | | |
| 设备名称  （注册证名称） | | | |  | | | 注册证号 |  | | |
| 设备型号 | | | |  | | | 生产厂家 |  | | |
| 适用范围/预期用途 | | | |  | | | | | | |
| 设计使用年限（寿命） | | | |  | | | | | | |
| 设备质保年限 | | | |  | | | | | | |
| **收费情况（四川）** | | | | | | | | | | |
| 是否可收费 | | | | □否 | □是 | | 收费条码 | | | 收费标准 |
|  | | |  |
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| **耗材使用情况** | | | | | | | | | | |
| 是否需要耗材： | | | | □是 □否 | | | | | | |
| 耗材是否专机专用： | | | | □是 □否 | | | | | | |
| 耗材是否挂网： | | | | □已挂网 □未挂网 | | | | | | |
| 耗材名称： | | | |  | | | | | | |
| 注册证号： | | | |  | | | | | | |
| 耗材价格： | | | |  | | | | | | |
| 挂网号： | | | |  | | | | | | |
| 医保类别： | | | | □甲类 □乙类 □丙类 | | | | | | |
| 耗材国家医保编码 | | | |  | | | | | | |
| **常用配件、易耗品情况** | | | | | | | | | | |
| 序号 | 易损件名称 | | | | | 易损件寿命 | | | 采购价格 | |
| 1 |  | | | | |  | | |  | |
| 2 |  | | | | |  | | |  | |
| 3 |  | | | | |  | | |  | |
| …… |  | | | | |  | | |  | |
| 配件供应保障年限 | | | | | |  | | | | |
| **质保期外维修、维保情况** | | | | | | | | | | |
| 维修响应时间 | | |  | | | | | | | |
| 维保方案及价格 | | |  | | | | | | | |
| **设备安装条件** | | | | | | | | | | |
| 场地面积要求： | | |  | | | | | | | |
| 场地防护要求： | | |  | | | | | | | |
| 场地用电要求： | | |  | | | | | | | |
| 场地用水要求： | | |  | | | | | | | |
| 操作人员要求： | | |  | | | | | | | |
| 其他特殊要求： | | |  | | | | | | | |
| **设备技术参数** | | | | | | | | | | |
| 请提供设备标准参数，非招标参数 | | |  | | | | | | | |
| **市场占有情况（四川）** | | | | | | | | | | |
| 序号 | | 用户名单 | | | | | | | | |
| 1 | |  | | | | | | | | |
| 2 | |  | | | | | | | | |
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| 4 | |  | | | | | | | | |
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| 7 | |  | | | | | | | | |
| 8 | |  | | | | | | | | |
| 9 | |  | | | | | | | | |
| …… | |  | | | | | | | | |