曲靖市沾益区人民医院医学装备购置前咨询论证报名表

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| 供应商名称 |  | | | |
| 设备名称 |  | | 型号规格 |  |
| 国别 |  | 生产商 |  | |
| 价格 |  | 品牌 |  | |
| 需配套的器械或耗材 |  | | | |
| 技术参数 |  | | | |
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| 服务内容 |  | | | |
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| 报名供应商签章 |  | | | |