**云南省第一人民医院医院医学遗传科信息项目咨询一览表**

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| **公司名称（盖章）** | |  | | **报名公司项目负责人** | | |  | | **联系电话** | | |  |
| **产品名称** | |  | | **产品型号** | | |  | | **总报价（人民币）** | | |  |
| **产品分项报价（按每床位）** |  | | | **软件报价** | | |  | | **系统支撑硬件报价（可附明细）** | | |
| **系统集成费报价（支付与院内相关系统对接费用）** | |  |  | | |  | | | |  | | |
| **制造商** | |  | | **国产/进口** |  | | | **产品投入市场时间** | | |  | |
| **同型号产品国内**  **三甲医院使用情况** | |  | | | | | | | | | | |
| **服务承诺（免费质保期是否增加 、维保、是否有驻昆工程师、厂商可提供的其他免费服务等）：** | | | | | | | | | | | | |