**全自动医用PCR分析系统（POCT设备）配套试剂报价单**

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| **序号** | **参考试剂名称** | **年检测量人次** | **注册证名称** | **厂家/品牌** | **规格型号** | **检测时间** | **平台报价** | **折合人份单价** |
| 1 |  | 1000 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |

报价单位/联系人： 联系电话：