附件：参询药品报价表

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **参询序号** | **药品名称** | **生产厂家** | **规格** | **江西省限价（元）** | **报单价 （元）** | **数量** | **合计（万元）** | **参询单位** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| ... |  |  |  |  |  |  |  |  |
| ... |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **参询单位：（盖章）** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **法定代表人或授权代表：（签字）** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **日 期：** |