**附件1：采购清单**

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| **合同包** | **品目号** | **产品名称** | **数量** | **参考预算****（万元）** | **品牌、规格、型号** | **制造商** | **生产场地** | **联系人** | **联系方式** | **供货价格（万元）** | **备注** |
| 1 | 1-1 | 产前诊断高端彩色多普勒超声诊断仪 | 2套 | 500 |  |  |  |  |  |  |  |
| 2 | 2-1 | 高档彩色多普勒超声诊断仪（心脏应用） | 2套 | 500 |  |  |  |  |  |  |  |
| 3 | 3-1 | 高档彩色多普勒超声诊断仪（全身应用） | 3套 | 750 |  |  |  |  |  |  |  |
| 4 | 4-1 | 高档彩色多普勒超声诊断仪（介入浅表） | 1套 | 250 |  |  |  |  |  |  |  |