**公司名称：**

**公司联系人：**

**联系人电话：**

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| **设备信息** | | | | | |
| **品名** | **产品注册证名称** | **规格型号** | **单价** | **产品注册证号** | **厂家全称** |
| 一氧化氮治疗仪 |  |  |  |  |  |
| 经皮氧/二氧化碳分压监测仪 |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **耗材信息** | | | | | | | |
| **产品注册证名称** | **规格型号** | **单位** | **单价** | **产品注册证号** | **厂家全称** | **安徽省耗材集中采购平台流水号** | **是否专机专用** |
|  |  |  |  |  |  |  |  |
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