附件1：

河池市中医医院试剂耗材采购项目报名表

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| --- | --- | --- | --- | --- | --- |
| **项目名称：****砷测定辅助设备和耗材采购项目** | | | | |  |
| 序号 | 单位名称 | 负责人 | 联系电话 | 时间 | 意向 |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |