附件2：

设备基础信息

提供信息机构名称：

| **序号** | **名称** | **品牌** | **型号** | **注册证编号** | **出厂保修时长/年** | **设备使用年限/年** | **主要装机用户清单** | **提供的其他服务** | **配套试剂名称** | **阳采编码** | **配套质控品/校准品名称** | **阳采编码** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 全自动尿有形成分分析仪 |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 2 | 全自动血液分析仪 |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 3 | 全自动化学发光免疫分析仪 |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 4 | 全自动粪便处理分析仪 |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 5 | 全自动微生态仪 |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 6 | 全自动化学发光仪 |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 7 | 化学发光测定仪 |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 8 | 全自动血型分析仪 |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 9 | 全自动生化分析仪 |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 注：1.各配套试剂名称与内蒙古自治区医保目录相符合，并全部纳入网采平台  2.配套试剂表格行数不够时可以自行添加，表格主体样式不变即可。 | | | | | | | | | | | | |