附件5

放射性药品采购项目药品报价函

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **药品通用名** | **剂型** | **规格** | **最小制剂单位** | **最小包装单位** | **转换比** | **生产厂家** | **最小制剂单位报价** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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备注：1.按附件1药品顺序报价。

2.可加行。

**企业公章：**