

编码[YZFY/BD/ZBB-13-A/0]

**临采医用耗材申请表**

申购日期：

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 一、基本信息 | | | | | | | | | | | | |
| 申请科室 | |  | | 申请人 | | |  | | | 联系电话 | |  |
| 患者姓名 | |  | | 患者出生日期 | | |  | | | 住院号 | |  |
| 临床诊断： | | | | | | | | | | | | |
| 二、申请耗材信息 | | | | | | | | | | | | |
| 耗材  名称 | 产地  品牌 | | 规格  型号 | | 单  位 | 数  量 | | 可否  收费 | 医保  编码 | | 平台价  或报价(元) | |
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| 三、申购原因 | | | | | | | | | | | | |
| 医院有无同类在用或替用产品：口有口无  申购理由： | | | | | | | | | | | | |
| 申请科室主任意见： | | | | | | | | | | | | |
| 医疗业务主管部门意见： | | | | | | | | | | | | |
| 医学装备科签字： | | | | | | | | | | | | |
| 院领导审批： | | | | | | | | | | | | |