拟投入本项目的医疗仪器设备表

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| 序号 | 设备名称 | 型号 | 单位 | 数量 | 自有/租赁 | 备注 |
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备注：（如设备为自有设备，需提供供应商的设备购买发票；如设备为租赁设备，需提供设备租赁合同）复印件并加盖单位公章。未提供或提供不全或不清晰的不得分。