附件2

报名函

资阳市中心医院：

我单位报名参加贵单位组织的新药遴选院内比选，响应目录如下：

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| **序号** | **附件1**  **序号** | **药物名称** | **剂型** | **规格** | **生产企业** | **是否集采中选产品** | **备注** |
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法人授权代表姓名： 手机号： 报名企业名称：（公章）

日期：