**西安市第一医院201 年（10万元及以上）**

**医疗设备购置（可行性论证）申请表**

科室名称 ：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 设备名称 | | |  | | | | | | | | 推荐规格型号 | |  | | | | | | 生产国家 | | |  |
| 台件数量 | | |  | | | 预算金额 | | | | | 万元/台（件） | | | | | | | | 经费来源 | | |  |
| 设备的配置及性能要求： | | | | | | | | | | | | | | | | | | | | | | |
| 是否还有能满足要求的其它品牌型号 | | | |  | 它们是（2个以上） | | | |  | | | | | | | | | | | | | |
| 安装场地 | | | |  | 操作人员 | | | |  | | | 电功率 | |  | | | | 电压 | | 380V 220V | | |
| 购置理由（理由请叙述充分，可加附页填写。从设备的技术前景、临床应用、当地设备使用情况、预期使用率、社会及经济效益等方面阐述。）： | | | | | | | | | | | | | | | | | | | | | | |
| 原有同类设备状况： | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 名 称 | | | | | | | 型号 | | 购置时间 | | 购置价格 | | 折旧情况 | | | | 目前使用情况 | | | | |
|  |  | | | | | | |  | |  | |  | |  | | | |  | | | | |
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| 效  益  分  析 | | 收费项目 | | | | |  | | | | | | | | | 收费编码 | | | |  | | |
| 收费标准 | | | | |  | | | | | | | | | | | | | | | |
| 效益分析 | | | | | 月人次： | | | | | | | | 年总收人（万元） | | | | | | | |
| 意见： | | | | | | | | | | | | | | | | | | | | |
| 科务委会意见 | |  | | | | | | | | | | | | | | | 科主任签字 | | | |  | |
| 业务主管院长意见：  签名： | | | | | | | | | | | | | | | | | | | | | | |
| 设备科意见：  签名： | | | | | | | | | | | | | | | | | | | | | | |
| 经 年 月 日院长办公会研究，同意购买以上设备。  院领导签名： | | | | | | | | | | | | | | | | | | | | | | |