**西安市第一医院**

**2019年（万元以下）医疗设备购置申请表**

申请日期：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 申请科室 | | |  | | | 负责人签字 | | |  | | 设备名称 | | |  | |
| 预算单价 | | |  | | | 申购数量 | | |  | | 金额 | | |  | |
| 申购理由 | | |  | | | | | | | | | | | | |
| 设备用途 | 专业影响 | | 检查必备 | | 增加效益 | | 提升服务 | | 现有同类设备情况 | | 数量 | 年限 | | 运行情况 | |
|  |  | |  | |
|  | |  | |  | |  | |  |  | |  | |
| 效益预测 | 月使用人次 | | | 收费标准 | | | 每月收入 | | | 成本回收期 | | 使用年限 | | | 配套耗材费用 |
|  | | |  | | |  | | |  | |  | | |  |
| 推荐3个以上规格及型号 | | ① | | | | | | ② | | | | | ③ | | |
| 性能要求及主要技术参数 | |  | | | | | | | | | | | | | |
| 设备科  意 见 | |  | | | | | | | | | | | | | |
| 业务主管院长意见 | |  | | | | | | | | | | | | | |
| 设备主管院长意见 | |  | | | | | | | | | | | | | |
| 院长批示 | |  | | | | | | | | | | | | | |