附件:**拟调研医学装备清单**

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| **序号** | **设备名称** | **单价/万元** | **采购数量** | **预算总金额/元** | **是否进口** | **备注** |
| 1 | 液相色谱-串联质谱仪 | 210 | 1 | 210 | 是　 | 　 |