**附件2-9药品价格申报表**

**药品价格申报表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **药品名称** | **商品名** | **批准文号** | **国家医保代码** | **剂型** | **规格** | **包装** | **最小制剂单位** | **转换比** | **生产企业** | **挂网限价/中标价(元)** | **采购类别** | **申报价** | **是否通过一致性评价** | **联系人** | **联系人单位** | **电话** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**生产企业（盖章）**

**申报企业（盖章）**

 **年 月 日**