|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 申请科室 | 物资名称 | 数量 | 预算价（万元） |  |
| 中心试验室 | 立式压力灭菌锅（120L） | 1 | 2 |  |
| 外一科 | 手术器械一宗 |  | 3 |  |
| 内五科 | 排痰机 | 1 | 4 |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

附件2：

物资需求情况