医疗机构自查详细情况

填报单位（盖章）：                  填报时间：                 联系方式：

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| 序号 | 药品名称 | 规格 | 批次 | 统计时间 | 约定采购量 | 网采平台采购量 | 网采平台入库量 | 进销存实际入库数量 | 备注 |
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医疗机构主要负责人签字：                               填表人：