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| 附件1 |  |  |  |  |  |  |  | |  | |  |  |  | |
| 湖南省“进零售药店”试点集采药品目录（征求意向版） | | | | | | | | | | | | | |
| xxxxx（单位名称）参加湖南省“进零售药店”试点集采药品明细表 | | | | | | | | | | | | | |
| 单位名称（盖章）： | | | | | | | |  | | 日期： | | | |
| 药品统一编码 | 产品名称 | 剂型 | 规格 | 转换比 | 最小制剂单位 | 最小包装单位 | 包装材质 | | 生产企业 | | 投标企业 | 中选价(元) | 批准文号 | |
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