附件4

**澄清药品汇总表**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **药品编码** | **通用名** | **剂型** | **规格** | **转换系数** | **投标企业** | **澄清理由** | **全国最低价格** | **项目名称** | **省份** | **执行时间** |
|  |  |  |  |  |  |  |  |  |  |  |  |
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**注：1.药品编码是指内蒙古自治区药品网上集中采购系统中显示的药品编码**

 **2.若对投诉事项有异议的，写明澄清理由，另附说明具体原因，包括执行省份的交易截图。**