**医疗器械经营企业运营情况普查表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **一、基本情况** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **企业名称** | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **企业法人** | |  | | | | **身份证号** | | | |  | | | | | | | | | | **电话** | |  | | | | |
| **企业负责人** | |  | | | | **身份证号** | | | |  | | | | | | | | | | **电话** | |  | | | | |
| **质量管理人** | |  | | | | **身份证号** | | | |  | | | | | | | | | | **电话** | |  | | | | |
| **注册地址** | |  | | | | | | | | | | | | | | | | | | | | | **办公面积** | | |  |
| **仓库地址** | |  | | | | | | | | | | | | | | | | | | | | | **仓库面积** | | |  |
| **许可经营范围** | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **企业日常联系人** | |  | | | **电话** | | | |  | | | **QQ号码1** | | |  | | | | **QQ号码2** | |  | | | | | |
| **二、企业经营状况（2015年） 单位（万元）** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **年度销售额** |  | | | **年度利税** | | | |  | | | **进口产品销售额** | | |  | | | | **体外诊断试剂类产品销售额** | | | | | | |  | |
| **无菌类产品销售额** | | |  | | **植入、介入、人工器官类产品销售额** | | | | | | | |  | | | | **设备仪器类产品销售额** | | | | |  | | | | |
| **三、质量管理情况（2015年）** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **年报情况** | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **企业自查情况** | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **四、企业实际经营产品情况** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **产品名称** | | | | | | | **注册证号** | | | | | | | | | **产品生产商** | | | | | | | | **代理级别** | | |
|  | | | | | | |  | | | | | | | | |  | | | | | | | |  | | |
|  | | | | | | |  | | | | | | | | |  | | | | | | | |  | | |
|  | | | | | | |  | | | | | | | | |  | | | | | | | |  | | |
|  | | | | | | |  | | | | | | | | |  | | | | | | | |  | | |
|  | | | | | | |  | | | | | | | | |  | | | | | | | |  | | |
|  | | | | | | |  | | | | | | | | |  | | | | | | | |  | | |
|  | | | | | | |  | | | | | | | | |  | | | | | | | |  | | |
|  | | | | | | |  | | | | | | | | |  | | | | | | | |  | | |
|  | | | | | | |  | | | | | | | | |  | | | | | | | |  | | |
|  | | | | | | |  | | | | | | | | |  | | | | | | | |  | | |
|  | | | | | | |  | | | | | | | | |  | | | | | | | |  | | |
|  | | | | | | |  | | | | | | | | |  | | | | | | | |  | | |
|  | | | | | | |  | | | | | | | | |  | | | | | | | |  | | |
|  | | | | | | |  | | | | | | | | |  | | | | | | | |  | | |

**以上情况属实（企业负责人确认签字） 调查员 填表日期**

**附：**填表说明

1. **基本情况：**

企业基本情况**（注册地址、仓库地址、许可经营范围）**请按照经营许可（备案）证填写，**企业法人、企业负责人、质量管理人**以及**企业日常联系人**电话请填写手机号。

1. **企业经营状况（2015年）**

1、经营情况单位统一为（万元），保留至小数点后两位。没有销售额的选项填写“无”。

2、“**年度利税**”指企业的经营的利润+税收

3、填表人对企业实际经营情况不清楚的可以咨询企业财务。

1. **质量管理情况**

年报情况为：企业是否**按照规定申报**2015年度深圳市医疗器械经营企业质量体系自查工作，如已申报，则填写已申报，若未申报，则填写未申报。

企业自查情况为：企业是否**按照规定进行**2015年度深圳市医疗器械经营企业质量体系自查工作，如已进行，则填写已自检，若未自检，则填写未自检。

1. **企业实际经营产品情况**

“**实际经营品种**”请填写企业实际经营的**所有**产品的相关信息，按产品逐一填写，**产品名称、注册证号、产品生产商**请按照所经营产品的注册证填写，请勿简略填写，本表不足时，可另行附页填写。

若企业没有实际的产品经营则填写“暂无经营”，不可不填写。

**注：**表格填写完请打印并加盖公章，并请企业负责人签字。