**附件2：响应文件部分格式**

| **校准响应表** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **仪器名称** | **型号** | **编号** | **校准机构**  **名称** | **是否具有CNAS授权** | **单价（元）** |
| 1 |  |  |  |  | □是 □否 |  |
| 2 |  |  |  |  | □是 □否 |  |
| 3 |  |  |  |  | □是 □否 |  |
| … |  |  |  |  | □是 □否 |  |
| 合计 | | | | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **校准机构名单** | | | | |
| **序号** | **校准机构名称** | **校准机构地址** | **CNAS注册号** | **CNAS证书** |
| 1 |  |  |  | 需提供证书扫描件 |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |