**附件1 泌尿外科设备需求清单**

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| **序号** | **设备名称** | **数量** | **备注** |
| **1** | **阴茎硬度测试仪** | **1台** |  |
| **2** | **低强度脉冲式超声治疗仪** | **1台** |  |