2019年度卫生健康适宜技术推广项目汇总表

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| 推荐单位（盖章）： | | 填报人： | |  | 填报人联系电话： | | |  | | 填报日期： 年 月 日 | |
| 序号 | 项 目 名 称 | 申报单位 | 协作单位 | 课题申报负责人 | | | | | 课题组主要成员  （不超过3位） | | 项目所属领域 |
| 姓名 | | 职称 | 手机 | |
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