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附件2

 各省（市、自治区）项目联系人回执

 省（市、自治区）（盖章） 日期： 年 月 日

|  |  |  |  |  |
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| 联系人姓名 | 工作单位 | 职务/职称 | 办公电话/手机 | 电子邮箱 |
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注：请以省级卫健委为单位填写此表，并传真至010-62133818，同时请发送电子回执表至电子邮箱（lxzyjh@126.com）。

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