附件6

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| 2022年度省中医药科技发展计划项目申报汇总表 | | | | | |  |
| 单位（盖章）：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_填表人：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 联系电话：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |
| 序号 | 项目名称 | 申请人 | 申请人所在单位 | 所属学科 | 项目类型 | 备注 |
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| （备注：此汇总表由各设区市卫生健康委和直报单位填写；项目类型填专题项目的，要备注专题编号。） | | | | |  |  |