附件2

药品（民族药）审评专家推荐汇总表

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| 序号 | 姓 名 | 性别 | 工作单位 | 部门 | 行政职务 | 技术职称 | 从事工作 | 熟悉领域 | 出生年月 | 学历学位 | 电话/手机 | 电子邮箱 |
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推荐单位： 填表人： 联系电话：