附件

全国药品检验系统通讯录

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| **单 位** |  | | | | | | |
| **地 址** |  | | | **区 号** |  | **邮 编** |  |
| **总 机** |  | | | **值班电话** |  | **值班传真** |  |
| **姓 名** | **性别** | **职 务** | **分管工作** | **办公电话** | **移动电话** | **传 真** | **电子邮箱** |
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注：请各位参会代表认真填写本单位通讯录信息，填写内容包括单位主要领导及主要科室负责人相关信息。