**《医疗器械 质量管理体系 用于法规的要求》意见反馈表**

|  |  |  |  |
| --- | --- | --- | --- |
| 反馈单位 |  | 联系电话 |  |
| 联系人 |  | 邮箱 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 序号 | 标准章条编号 | 意见 | 建议修改为： | 提出单位 | 处理意见 | 备注 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |