附件

**体外诊断试剂比对试验专家登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 | |  | | 出生年月 | | | |  | | 照片 |
| 参加工作时间 |  | 政治  面貌 | |  | | 民族 | | | |  | |
| 职务/职称 |  | 专业 | | | | |  | | | | |
| 学历与学位 |  | | | | 毕业院校 | | |  | | | | |
| 工作单位及  详细地址 |  | | | | | | | | | | | |
| 联系方式 | 电话（手机） | |  | | | | | | 邮编 | |  | |
| 电子邮箱 | |  | | | | | |
| 工作简历 |  | | | | | | | | | | | |
| 诊断试剂检验检测技术及统计学领域相关工作经历及取得成绩 |  | | | | | | | | | | | |
| 能力验证或比对试验工作情况、主要职责 |  | | | | | | | | | | | |
| 备注 |  | | | | | | | | | | | |
| 专家所在单位意见 | 盖章  年 月 日 | | | | | | | | | | | |