附件2：

吴中区科技计划项目（医疗卫生领域）申报汇总表

板块主管部门（盖章）：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **项目名称** | **承担单位** | **项目类别** | **负责人** | **联系方式** |
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