附件1：

**中国医院协会药物临床试验机构备案管理评估专家库成员推荐汇总表**

单位：

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **专家姓名** | **工作部门** | **性别** | **职务** | **职称** | **主要专业领域** | **备注** |
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注：请在本表上加盖单位公章，可续