附件3

2024年度山西省中医药科研课题（储备）申报汇报表

推荐主体： （盖章）

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| 序号 | 课题名称 | 研究领域 | 承担单位 | 课题负责人 | 技术职称 | 联系电话 | 研究时间 | 申报A、B、C类别及经费 | 备注 |
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