附件2

意见反馈表

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 文件名称 | 湖南省药品现代物流指导意见（征求意见稿） | | | | | | |
| 单位名称 |  | | 联系人 |  | 联系电话 | |  |
| 征求意见情况 | | | | | | | |
| 所涉内容  （填具体内容，可精确到条款） | | 修改意见 | | | | 理由 | |
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