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| 附件4  2024年度河北省医疗保障研究课题结项评审汇总表 | | | | | | |
| 申报单位：（盖章） | | | | | | |
| 序号 | 课题编号 | 课题名称 | 负责人 | 课题组成员 | 办公电话 | 移动电话 |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
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| 联系人： |  | 手机： |  | 通讯地址： |  | 电子邮箱： |  |

注：此表由科研部门统一汇总填写，电子版发相应邮箱，邮件标题为：xx单位2024年度医保课题结项材料。