**《人源细胞库建设与管理评估》团体标准**

**征求意见反馈表**

征求意见时间：

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| --- | --- | --- | --- |
| 标准名称 | |  | |
| 提出意见的单 位或个人 | 单位名称 |  | |
| 联系人姓名 |  | |
| 联系电话 |  | |
| E-mail |  | |
| 章节/条文号 | 具体内容 | | 修改意见和建议及其理由 |
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