教学、科研用特殊药品购用申请表

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| 企业名称 | |  | | | | | | 邮政编码 | |  |
| 注册地址 | |  | | | | | | 联系电话 | |  |
| 法定代表人（签字） | | | | | | |  | | | |
| 具体经办人 |  | | | 身份证号码 | |  | | | | |
| 科研项目及用途 |  | | | | | | | | | |
| 药品名称 | | | 规格 | | 数量 | | | | 供应单位 | |
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| 市局意见  经办人: 负责人： 年 月 日 | | | | | | | | | | |