附件1

浙江省第六期输血科（血库）主任培训班回执

 （市） 2020年度

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| 姓名 | 性别 | 单位 | 手机 | 入住日期 | 房间类型 |
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请各市临床用血质量控制中心于8月25日前将回执上报，联系人：韩文娟，14758173217，邮箱：yw@zjb.org.cn。