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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓名 | 性别 | 单位 | 手机 | 入住日期 | 房间类型 |
|  |  |  |  |  | □单间□标间拼住 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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。