**附件2**

**2024年花都区医疗卫生一般科研专项项目申报汇总表**

申报单位：（盖章）

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **项目名称** | **申报单位** | **项目起止时间** | **项目****负责人** |  **联系手机** | **项目组第二、三名人员** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |