附件2

山东省卫生健康领军科创团队推荐申报汇总表

推荐单位（盖章）： 联系人及联系方式：

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| 序号 | 团队名称 | 带头人 | 牵头单位 | 合作单位1 | 合作单位2 | 合作单位3 | 备注 |
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附件3

山东省卫生健康青年科创团队推荐申报汇总表

推荐单位（盖章）： 联系人及联系方式：

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| 序号 | 团队名称 | 带头人 | 牵头单位 | 合作单位1 | 合作单位2 | 合作单位3 | 备注 |
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