附件2

潍坊医学院护理科研基金项目申报汇总表

所在学院/附属医院：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_（盖章） 单位联系人：\_\_\_\_\_\_\_\_\_ 单位联系电话：\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **序号** | **项目名称** | **项目类别** | **项目负责人** | **联系电话** | **职称/职务** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
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