附件2：

**生命健康产业智库专家推荐名单汇总表**

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| **序号** | **姓名** | **性别** | **政治面貌** | **出生年月** | **身份证号** | **现工作单位及职务****（职称）** | **从事专业** | **主要成果** | **通信地址** | **手机号码** | **备注** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
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| 5 |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |
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推荐单位（盖章）： 填报人： 联系电话：