附件：

征求意见反馈表

标准名称：《胚胎植入前遗传学一体化检测试剂盒（测序法）（征求意见稿）》 填报日期： 年 月 日

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| 单位名称 | |  | | | |
| 姓 名 | |  | 职务/职称 |  | |
| 联系方式 | |  | 邮 箱 |  | |
| 有无意见（无意见请填此栏）： | | | | | |
| 意见汇总： | | | | | |
| 序号 | 章条编号 | 标准原文 | 修改意见 | | 理由或依据 |
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注：如所提意见篇幅不够可增加附页。