附件：

**市、县（区）级临床检验质量控制中心填报表**

| **临床检验**  **质量控制中心** | | **挂靠单位** | **挂靠科室** | **负责人** | **联系电话** |
| --- | --- | --- | --- | --- | --- |
| **市级** | |  |  |  |  |
| **县（区）**  **级** |  |  |  |  |  |
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**市卫生健康委（盖章）**