附件

国家医疗保障局委托研究课题申报表

 申报时间：2023年 4 月 日

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| 课题名称 |  |
| 申报单位 | 潍坊医学院 |
| 课题负责人 |  | 联系电话 |  | 职称/职务 |  |
| 经办人 | 高润国 | 联系电话 | 0536-8462250 | 职称/职务 | 社科办主任 |
| 单位地址 | 山东省潍坊市宝通西街7166号 |
| **一、研究的主要思路、内容和方法**（尽可能详尽） |

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| **二、预期成果****三、经费预算**

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| 项 目 | 预算说明 | 金额（元） |
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**四、进度安排****五、课题组成员**

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| **姓 名** | **单 位** | **职务或职称** |
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