附件

沈阳市医疗保障局委托研究课题申报表

申报时间：2023年 月 日

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| --- | --- | --- | --- | --- | --- |
| 课题名称 |  | | | | |
| 承担单位 |  | | | | |
| 课题负责人 |  | 联系电话 |  | 职称/职务 |  |
| 经办人 |  | 联系电话 |  | 职称/职务 |  |
| 单位地址 |  | | | | |
| **一、研究的主要内容和方法** | | | | | |

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| **二、预期成果**  **三、经费预算**   |  |  |  | | --- | --- | --- | | 项 目 | 预算说明 | 金额（元） | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   **四、研究团队已有的学术成果** | | | |
| **五、课题组成员（包括课题负责人）** | | | | |
| 姓 名 | 单 位 | 职务/职称 | 承担任务 | |
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