**附件3**

诊改工作联系表

单位：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **姓名** | **部门** | **职务** | **联系方式** | | |
| **电话** | **手机** | **E-mail** |
| **负 责 人** |  |  |  |  |  |  |
| **联 系 人** |  |  |  |  |  |  |

注：可根据需要添加表格，将Word版发邮件至gjxh83302566@163.com。