附件

国家医疗保障局委托研究课题申报表

申报时间：2024年 月 日

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| 课题名称 |  | | | | |
| 申报单位 |  | | | | |
| 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**   |  |  |  | | --- | --- | --- | | 项 目 | 预算说明 | 金额（元） | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   **四、进度安排**  **五、课题组成员**   |  |  |  | | --- | --- | --- | | **姓 名** | **单 位** | **职务或职称** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |