附件6

儿童抗肿瘤药物研发实施框架（征求意见稿）

反馈意见表

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **单位/企业名称**  **填写人** | | | | |
| **联系电话**  **电子邮箱** | | | | |
| **序号** | **修订的位置**  **（页码和行数）** | **修订的内容（原文）** | **修订的建议** | **理由或依据** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
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