附件1.

**第四批全国优质中成药产品评价活动报名信息表**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **编号** | **企业名称** | **申报品种** | **剂型** | **品种规格** | **批号** | **数量** | **联系人** | **联系人电话** | **邮箱** | **联系地址** | **备注** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |

注：请在申报表文件注明企业名称。