附件1

北京中医药大学东直门医院稳定性检测项目报名表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 单位名称 | 投标人 | 身份证号 | 联系电话 | 邮箱 |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |