**《化学药品创新药I期临床试验申请药学**

**共性问题相关技术要求（征求意见稿）》**

**征求意见反馈表**

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| **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** |  |  |  |  |
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| **3** |  |  |  |  |
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**《化学药品Ⅰ期临床试验申请药学研究信息汇总表（修订版）》**

**征求意见反馈表**

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| --- | --- | --- | --- | --- |
| **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、栏目、行数）** | **修订的内容（原文）** | **修订的建议** | **理由或依据** |
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| **2** |  |  |  |  |
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