附件2

2019年全国名老中医药专家传承工作室建设项目申报汇总表

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| **序号** | **专家信息** | | | | | | | | **依托单位**  **名称** | **工作室负责人信息** | |
| **姓 名** | **出生年月** | **性别** | **民族** | **专业/专科** | **擅治病种** | **担任师承指导老师批次** | **联系电话** | **姓 名** | **联系电话** |
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