**征求意见汇总处理表**

年 月 日填写

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 标准名称： | | 红细胞血型基因分型技术指南 | | | 负责起草单位： | | | 浙江省血液中心 | | 联系人：许先国 |
| 发函件数： | |  | | | 回函件数： | | |  | | 电话：0571-57888094 |
| 序号 | 标准章条编号 | | 提出单位 | 姓名 | | 职称 | 意见及建议 | | 采纳与否及理由 | |
| 1 |  | |  |  | |  |  | |  | |
| 2 |  | |  |  | |  |  | |  | |
| 3 |  | |  |  | |  |  | |  | |
| 4 |  | |  |  | |  |  | |  | |
| 5 |  | |  |  | |  |  | |  | |
| 5 |  | |  |  | |  |  | |  | |
| 6 |  | |  |  | |  |  | |  | |