广东省卫生健康委委托项目

申 报 书

研究项目任务名称

专家团队负责人姓名

填 表 日 期

2024年3月

一、专家团队成员基本情况

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1．专家团队负责人基本情况 | | | | | | | | | | | | | | | | | |
| 姓 名 |  | | | 性 别 | | |  | | 年 龄 | | | |  | 民 族 | | |  |
| 政治面貌 |  | | | 身份证号 | | |  | | | | | | | | | | |
| 职 务 |  | | | | | | 职 称 | | | |  | | | | | | |
| 学 历 |  | | | | | | 研究专长 | | | |  | | | | | | |
| 工作单位 |  | | | | | | | | | | | | | | | | |
| 通讯地址 |  | | | | | | | | | | | 邮 编 | | |  | | |
| 手 机 |  | | | | | | | Email | | | |  | | | | | |
| 2．专家团队其他成员基本情况 | | | | | | | | | | | | | | | | | |
| 姓名 | 性别 | 年龄 | 工作单位 | | | 学历  （学位） | | | 职称  （职务） | | | | 研究专长 | | | 评估分工 | |
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| 3. 专家团队联络员联系方式 | | | | | | | | | | | | | | | | | |
| 姓 名 | 手 机 | | | | 办公电话 | | | | | 传真电话 | | | | Email | | | |
|  |  | | | |  | | | | |  | | | |  | | | |

二、专家团队成员近3年来相关工作经历及成果

三、研究工作方案