**上海中医药大学中西医结合研究院**

**技术服务申请表**

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| **申 请 人** | |  | | **手 机** | |  | | | |
| **实验目的** | |  | | | | | | | |
| **申请时间** | |  | | **实验日期** | |  | | | |
| **序号** | **试剂、耗材名称** | | **检测厂家** | **联系人** | **联系电话** | **编号** | **规格** | **数量** | **单价** |
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| **金额合计：** | | | | | | | | | |
| **特殊要求** | |  | | | | | | | |
| **科室意见** | |  | | | | | | | |

备注：若需订购的试剂和耗材的公司、货号和规格没有填写，则按照常规进行订购。到货后，请务必告知。若研究生订购，申请人处请填写带教老师，如：陈静（刘宣）。