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| **供应商投标项目提供用户信息表** | | | | |
| 检测项目名称 |  | | | |
| 检 测 单 位 |  | | | |
| 主 要 用 户（三级医院） | 用户名称 | 检测时间 | 联系人姓名 | 联系电话 |
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| 主 要 用 户 |  |  |  |  |
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| 备注 |  | | | |
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