附件3：

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| **《国家药品监督管理局药品审评过程中审评计时中止与恢复管理规范（试行）》（征求意见稿）反馈表** | | | | | | | | |
| **序号** | **第X条** | **修订的内容（原文）** | **修订的建议** | **修订的理由或依据** | **单位/企业名称** | **填写人姓名** | **电子邮箱** | **联系电话** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
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