**《ICH E11A儿科外推指南（公开征求意见稿）》**

**征求意见反馈表**

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| **单位/企业名称：**  **填写人：** | | | | |
| **联系电话：**  **电子邮箱：** | | | | |
| **序号** | **修订的位置**  **（页码和行数）** | **修订的内容（原文）** | **修订的建议** | **理由或依据** |
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