**《司美格鲁肽注射液生物类似药体重管理适应症临床试验设计指导原则（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** |
| 1 |  |  |  |  |
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