**标准征求意见表**

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| **专家姓名** | |  | | **职 称** |  | | **电子邮箱** |  | |
| **单位名称** | |  | | **联系电话** |  | | **地 址** |  | |
| **序号** | **标准/部分** | | **条款** | **原文** | | **修改意见** | | | **理由简述（可另附页）** |
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年 月 日