|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2021年安徽省肺癌分子病理检测室间质评项目报名表** | | | | | | | |
| **医院信息（所有信息均必填）** | | | | | | | |
| **单位名称** |  | | | 格式为：地区+医院名称 | | | |
| **医院等级** |  | | | 格式为：级别+甲等/乙等/丙等 | | | |
| **详细地址** |  | | | 格式为：省+市+区/县+街道 | | | |
| **单位电话** |  | | | 格式为：固话/手机号选其一填写（固话加区号） | | | |
| **单位联系人** |  | | | 格式为：全名 | | | |
| **科室信息填写（所有信息均必填）** | | | | | | | |
| **实验室名称** |  | | | 格式为：“病理科”等 | | | |
| **主任姓名** |  | | |  | | | |
| **主人手机号** |  | | |  | | | |
| **负责人邮箱** |  | | |  | | | |
| **项目收集信息表（所有项目均必填）** | | | | | | | |
| **项目中文** | **是否参加** | **仪器厂商** | **仪器名称** | **仪器型号** | **检测方法学** | **试剂厂家** |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

附件1：