《抗肿瘤治疗的免疫相关不良事件评价指导原则

（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** |
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