附件15

**《XXXXXXXXXXX》（征求意见稿）**

**反馈意见表**

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| **单位名称** |  | | | | | | |
| **专家姓名** |  | **职务职称** | |  | | | |
| **通信地址** |  | | | | | **邮编** |  |
| **联系电话** |  | **电子邮箱** | |  | | **审查日期** |  |
| **标准章条**  **编号** | **原文** | | **修改意见和建议** | | **理由及依据** | | |
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| **其他意见建议** | | | | | | | |
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| 2 |  | | | | | | |

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