附件3

 省（区、市）食品药品监督管理局核查处置信息公开工作联系表

（单位盖章）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  人员 | 姓名 | 处室 | 职务 | 固定电话 | 移动电话 | 电子邮件 | 传真 | 备注 |
|  处级负责人 |   |   |   |   |   |   |   |   |
|  办事员 |   |   |   |   |   |   |   |  |

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