附件4

市、县级卫生健康（计生）部门联络人员汇总表

填报单位： 填报人：

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 市级卫生健康（计生）部门 | 联络人员 | | | 县级卫生健康（计生）部门 | 联络人员 | | |
| 姓名 | 职务 | 联系方式 | 姓名 | 职务 | 联系方式 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |