附件1

银川市卫生计生委2019年母婴保健技术考核校验申报汇总表

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| 姓名 | 性别 | 出生年月 | 学历 | 工作单位 | 现从事  专业 | 服务年限 | 技术  职称 | 申报技术服务项目 | | | | | 合格证编号 | 考核审批机关 | 审批日期 | 备注 |
| 婚检 | 终引及结扎 | 遗传病及产前诊断 | 助产技术 | 其他 |
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填表单位（盖章）： 填表日期： 年 月 日

负责人： 联系电话：