附件：药品制剂认证情况表（格式）

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| 企业名称 | |  | | | | | | | | | | | | |
| 具体负责人 | |  | | | 联系电话及邮箱 | | |  | | | | | | |
| 联系人 | |  | | | 联系电话及邮箱 | | |  | | | | | | |
| 序号 | 产品名称 | 剂型 | 规格 | GMP认证国别 | | 认证时间 | 认证有效期 | | 国外药品注册文号持有情况 | | 产品出口情况 | | 国外在研产品数量 | 备注 |
| 自有 | 合作持有 | 自销 | 委托加工 |
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注： 请用电子表格填写此表，并以邮件的形式，于5月30日前反馈协会邮箱cpema2009@126.com