附件3

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| 国家中医药传承创新发展试验区（南阳）专项课题汇总表  **申报单位（盖章）：** | | | | | | |
| **序号** | **课题名称** | **负责人** | **课题成员** | **组成单位** | **课题类型** | **经费预算**  **（万元）** |
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