**附** **件** **2**

**案例报送汇总表**

 (高校)(盖公章) 学校类别 联系人： 联系电话：

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| **序号** | **单位名称** | **案例名称** | **负责人姓名、身份证号** | **成员** | **备注** |
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填表人：

填表日期：