**附件1**

**全国第四次中药资源普查试点中药资源相关传统知识持有人遴选名单**

**填表时间：2013年 月 日 填表人： 填表人单位：**

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| **序号** | **持有人姓名** | **中药传统知识名称** | **地址** | **单位** | **电话** | **手机** | **备注** |
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