附件二：

新增医疗机构制剂基本信息汇总表

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| 序号 | 制剂  名称 | 国家医保局制剂代码 | 制剂分类 | 剂型 | 规格 | 临床开始使用时间 | 是否  委托配置 | 包装材质 | 批准文号/  备案登记号 | 批准有效期至 | 适应症/  功能主治 | 备注 |
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填报单位（盖章）： 联系人： 联系电话：