附件2

报送人员名单

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **名称** | **各市（县）** | **人员** | **姓名** | **电话** | **手机** | **邮箱** |
| **县级公立医院改革工作** |  | **负责人** |  |  |  |  |
| **填报人** |  |  |  |  |
| **乡镇卫生院建设工作** |  | **负责人** |  |  |  |  |
| **填报人** |  |  |  |  |