**《药物Ⅰ期临床试验管理指导原则（修订版征求意见稿）》意见反馈表**

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| --- | --- | --- | --- | --- |
| **单位名称**  **填写人** | | | | |
| **联系电话/手机**  **电子邮箱** | | | | |
| **序号** | **修订的位置**  **（页码和行数）** | **修订的内容（原文）** | **修订的意见** | **理由或依据** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **...** |  |  |  |  |