附件7

农药最大残留限量国家标准征求意见表

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| 专家 |  | 职称 |  | 电子邮箱 |  |
| 单位 |  | | | 电 话 |  |
| 地址 |  | | | 邮政编码 |  |
| 标准名称： | | | | | |
| 序号 | 标准章条编号 | 修改意见 | | | 理由 |
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专家签名： 审查日期： 年 月 日