附件1

**兽药质量检验检测相关机构统计表**

填报单位：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 序号 | 机构名称 | 所在县市 | 可承接的检验检测监测工作类型 | 联系方式 |
|
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| ... |  |  |  |  |
| ... |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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填表人： 联系电话：