**附件**

**“规率”案例报名汇总表**

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| **序 号** | **名称**(“市+院感质控中心级别+挂靠单位名称”或“市+医疗机构级别+单位名称) | **案例名称** | **案例联系人** | **手机号** | **邮箱** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |