附件2

评估情况汇总表

填报单位（盖章）：

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| 序号 | 医疗机构名称 | 自评总分 | 评估总分 | 是否达标 |
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注：本表由区卫生健康委、申康医院发展中心汇总填报，连同各医疗机构申报表（1份）一并报送。