|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **项目名称** |  | | | |
| **项目负责人（学校）** | |  | **项目负责人（医院）** |  |
| **联系人** | |  | **联系电话** |  |
| **项目简介：** | | | | |
| **项目目前进展阶段：** | | | | |
| **项目下一步需求：** | | | | |

**医工交叉项目产业化意向表**