附件12

2021年布病基线调查专项负责人信息表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **姓 名** | **单位** | **职务/职称** | **手机号** | **邮箱** | **传真** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

注：市、县级各1名。填好后由各市级专项负责人统一报自治区动物疾病预防控制中心邮箱**qushiyanshi@126.com**。