附件6

《三门青蟹商品蟹等级评定》征求意见反馈表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 审稿人 | |  | | 职称/职务 |  | 从事专业 |  | |
| 所属单位 | |  | | | 身份证号码 |  | | |
| 通讯地址 | |  | | | | 邮编 |  | |
| 开户银行 | |  | | | 银行账号 |  | | |
| 联系电话 | |  | | | E-mail |  | | |
| **序号** | **标准章条** | | **修 改 意 见** | | | | | **备注** |
| 1 |  | |  | | | | |  |
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| 10 |  | |  | | | | |  |

注：如篇幅不够，可增加附页；

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