**全国肺栓塞与肺血管病防治协作组申请表**

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| **申请单位名称** |  | **医院级别** |  |
| **详细地址** |  | **邮编** |  |
|  | **协作组负责人** | **协作组联系人** |
| **姓 名** |  |  |
| **科 室** |  |  |
| **职务/职称** |  |  |
| **手机号码** |  |  |
| **电子邮箱** |  |  |