附件3

**《<化学药品改良型新药临床试验技术指导原则>问与答》**

**（征求意见稿）**

**征求意见反馈表**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **单位/企业名称**  **填写人** | | | | |
| **联系电话**  **电子邮箱** | | | | |
| **序号** | **问题或答复** | **修订的内容（原文）** | **修订的建议** | **理由或依据** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |