附件2

山东平安健康管理研究中心

**糖尿病预防与逆转公益工程实施信息表**

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| **公益项目名称** | | **糖尿病预防与逆转公益工程** | | |
| **呈报单位名称** | |  | | |
| **公益工程实施资料** | | | | |
| **序 号** | **姓 名** | **家庭住址** | **身份证号** | **电 话** |
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**此表可根据参与人数的实际情况，由各部门自行扩展。**