|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| **专业名称** |
| **试验药品/器械名称** | **申办者名称** |

**合同编号** |  |

|  |  |  |
| --- | --- | --- |
| **\* \*专业** |  | **呼吸专业** |
| **阿司匹林胶囊** | **\*\*\*\*\*\*\*\*公司** | **可乐必妥（左氧氟沙星）750mg注射液** | **申办单位：第一制药（北京）有限公司**  |

**071911** |
|  **（1/2）** |  | **（2/2）** |