附件二：

2024年金坛区教育系统无偿献血工作完成情况反馈表

学校： （盖章） 联系人：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 序号 | 姓名 | 献血时间 | 献血量 | 备注 |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
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| 14 |  |  |  |  |
| 15 |  |  |  |  |