附件2

2024年度苏州市生物医药研发创新资助项目申报汇总表

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| 1.临床试验资助汇总表（企业） | | | | | | | | | | |
| **序号** | **指南代码** | **项目名称** | **申报单位** | **社会统一信用码** | **药品名称（批准号码）** | **所属临床试验阶段** | | | **申请资助金额（万元）** | **主管部门意见** |
| **完成Ⅰ期，研发费（万元）** | **完成Ⅱ期，研发费（万元）** | **完成Ⅲ期，研发费（万元）** |  |  |
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| 2.医疗器械资助汇总表 | | | | | | | | | | | |
| **序号** | **指南代码** | **项目名称** | **申报单位** | **社会统一**  **信用码** | **器械证名称及号码(例双通道CT高压注册器20192061119)** | **申请发明专利（件）** | **已授权发明（件）** | **已获其他自主知识产权** | **产品实际研发费用（万元）** | **申请资助金额（万元）** | **主管部门意见** |
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| 3.仿制药一致性评价汇总表 | | | | | | | | |
| **序号** | **指南代码** | **项目名称** | **申报单位** | **社会统一信用码** | **通过评价排名（第一、第二、第三名）** | **实际研发费用（万元）** | **申请资助金额（万元）** | **主管部门意见** |
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