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| **序号** | **学院名称** | **实验室名称** | **面积** | **预计消杀时间** | **联系人和联系方式** | **备注** |
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**生物实验室、细胞房进消杀灭菌报名表**

请于9月24日前报名表发送至邮箱：zznusyglk@163.com