附件2

江苏省高等学校实验室汇总表

**高校名称：**  **填报日期： 填报人： 填报人手机：**

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| 序号 | 学院（系） | 实验室名称 | 实验室名号 | 所在校区 | 所在大楼名称 | 负责人 | 联系人 | 联系人手机 | 备 注 |
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**注**：“实验室名号”：国家级、省级实验教学示范中心等。