**常州大学特殊时期实验室情况登记表**

**填报单位：（盖章） 学院负责人： 单位日报联系人： ＿**

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| **序号** | **填报时间** | **实验楼宇— 实验室房间号** | **因何特殊原因开展实验** | **实验人员姓名** | **联系方式** | **共同参与实验室人员姓名** | **联系方式** | **实验人员当日体温监测情况** | **实验操作防疫情况** | **学院审批情况** |
| **1** |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |
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