**附件6**

**三亚市诊断机构0-14岁儿童先天性心脏病诊断信息登记表**

填表机构：

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| 序  号 | 母亲  姓名 | 儿童  姓名 | 性别 | 民 族 | 出生日期 | 筛查日期 | 诊断结果 | 联系电话 | 现住址 | 是否初次确诊 | 备注 |
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填表人： 报送日期：

注：该表由诊断机构填写登记，每月5日发送至88255852@163.com。