**行业标准（征求意见稿）意见反馈表**

**标准名称：《无麸质食品》**

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| 姓名 |  | 职 称 |  | 电话 |  |
| 单位 |  | E-mail |  | 邮编 |  |
| 通信地址 |  | | | | |
| 章条号 | 修改建议 | | 理由 | | |
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注:请加盖单位公章 （纸幅不够，请附页）