**附件5**

**广州市专利资助申请汇总表**

单位： （盖章）

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **序号** | **专利申请号** | **专利名称** | **授权日****/PCT申请日** | **专利负责人** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
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| 15 |  |  |  |  |

填表人： 联系电话：