附件2

**国家级动物疫病净化场推荐汇总表**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 养殖场名称 | 养殖场地址和坐标（度°分＇秒”） | 养殖场类型 | 是否为国家核心育种场（类型及时间） | 省级净化场类型及编号 | 省级净化场现场审查分数 | 省级评估实验室检测时间 | 省级评估实验室检测机构 | 申报评估类型 |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |

推荐单位（加盖公章）： 日期：