## Please provide no more than one contact per row and no more than one er examples bel

ne consent	t of those below to sl	nare their information with QS.	
Title	First Name	Last Name	Job Title
Mr.	Baxtiyor	Mirzaev	Doctor of Medical scien
Mr.	Mikhail	Kosachenko	Docent
Mr.	Ivan	Gordienko	Vice-rector for scientifie
Mr.	Allan	Abdiev	Docent
Mr.	Bakyt	Osmonaliev	Docent
	Mr. Mr. Mr. Mr. Mr.	TitleFirst NameMr.BaxtiyorMr.MikhailMr.IvanMr.Allan	Mr.BaxtiyorMirzaevMr.MikhailKosachenkoMr.IvanGordienkoMr.AllanAbdiev

















mail address per record. Enter first and last name separately or ente ow, otherwise we are not able to accept your submission.

Department	Institution	Location
Extremal surgery	Fergana medical institut	Uzbekistan
Faculty surgery	Peoples Friendship unive	Russia
Faculty surgery	Ural State Medical Unive	Russia
Faculty surgery	KSMA	Kyrgyzstan
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## r the full name in the 'first name' box. Please follow

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