**附件4**

药物临床试验研究团队成员表

**项目名称：**

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| **姓名** | **性别** | **学历** | **职 称** | **行医资质** | **何时参加国家或省级GCP****培训** | **职责、分工** |
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备注：1.此表只需填写本中心参加研究人员

 2.GCP原件未在机构办保存的请附上“药物临床试验质量管理规范” 培训证书复印件

主要研究者签名\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 日期\_\_\_\_\_\_\_\_\_\_\_