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|  | **\*\*科（\*专业组）\*\*临床试验项目受试者补助发放信息表** | | | | | | | | | |
| **序号** | **受试者姓名** | **筛选号** | **身份证** | **银行卡号** | **开户行** | **联系电话** | 访视点/访视次数 | **挂号费** | **受试者补助** | **合计** |
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| 备注：附件需提供以下文件：1.临床试验项目受试者补助发放信息表（签字版）2.临床试验项目受试者补助费用发放情况说明（签字版）3.知情同意书（签字页）复印件4.受试者筛选/入选表（复印件）5.访视确认表（签字版）6.合同（涉及补助金额页）复印件7.银行卡复印件8.身份证复印件（正反面）  经费用请从×××临床试验项目经费中支出  **总计： 元** | | | | | | | | | | |
| 制表人/日期： 主要研究者/日期： 机构办公室审核人/日期： | | | | | | | | | | |