×××临床试验项目受试者×年×月检查、检验费用报表

项目编号： 制表人： 主要研究者：

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| 姓名 | 检查日期 | 访视周期 | 血常规 | 尿常规 | 血生化 | 糖化HB | 感染三项 | 血HCG | 心电图 | B超 | ... | 小计 |
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| 合计 | | |  |  |  |  |  |  |  |  |  |  |
| 检验费共计： 元 心电图共计： 元 B超共计： 元 ............... 月总计： 元 | | | | | | | | | | | | |