研究者相关信息表

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| 姓名1 |  | | | | 性别 | |  | | 出生年月 | | |  |
| 工作单位 |  | | | | | | | | | | | |
| 职务 | □ 科室负责人 □ 科室成员 | | | | | | 职称 | |  | | | |
| 专业 |  | | | | | | 学历 | |  | | | |
| 毕业院校 |  | | | | | | 毕业时间 | |  | | | |
| 拟担任该试验  项目的职务 | □ 临床试验主要研究者  □ 试验现场负责研究者 | | | | | | | | | | | |
| **工 作 简 历** | | | | | | | | | | | | |
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| **GCP 培 训 记 录** | | | | | | | | | | | | |
| 培训时间 | | 培训机构 | | 培训方式 | | | | 发证日期 | | | 证书编号 | |
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| **承担临床试验或科研课题的情况（近三年）** | | | | | | | | | | | | |
| 试验/课题名称 | | | 试验/课题来源2 | | | 临床试验  负责人/参与者 | | | | 是否完成 | | |
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注：1.主要研究者以及各试验现场负责研究者需要填写本表；

2.试验来源：请填写申办者名称。