新技术新项目知情同意书

签署情况备案表

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| **项目负责人** | |  | | **专业** | | |  | **技术职称** | |  | |
| **职务** | |  | | **承担科室** | | |  | **科室负责人** | |  | |
| **项目名称** |  | | | | | | | | | | |
| **项目来源** | *xxx基础公益计划/xxx医药卫生计划/自发开展的临床研究* | | | | | | | **项目级别** | | *国家级/省部级/市厅级/院级* | |
| **项目开展起止时间** | *年月日-年月日* | | | **新技术新项目总例数** | | |  | **知情同意**  **签署总例数** | |  | |
| **研究对象知情同意书签署情况明细** | | | | | | | | | | | |
| 序号 | 患者编号 | | 姓名 | | 性别 | 诊断 | | | 签署时间 | | 备注 |
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主要研究者（签字）： 日期：

*提示语：以上表格可增加列数，下附目前使用的知情同意书模板（另起一页，提交时请删除提示语）*