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）*