**临床试验患者检查明细表**

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| **项目编号：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****项目名称：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****科室及PI：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **患者姓名：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****患者院内编号：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****患者临床试验编号：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **检查项目** | **单价** | **检查次数** | **小计** |
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| **共计** |  |
| **经办人签名：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****PI签名：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****机构盖章：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |