附件4

**研究者观察费明细**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 项目编号 |  | | | | | | | |
| 项目名称 |  | | | | | | | |
| 申办方 |  | | | 科室及PI | |  | | |
|  | | | | | | | | |
| 访视 | 知情同意 | 受试者筛查 | 数据采集 | | 药物管理 | | 样本采集 | 。。。 |
| SCR | ￥ | ￥ | ￥ | |  | |  |  |
| V0 | / | / | ￥ | |  | |  |  |
| V1 | / | / | ￥ | |  | |  |  |
| V2 | / | / | ￥ | |  | |  |  |
| V3 | / | / | ￥ | |  | |  |  |
| V4 | / | / | ￥ | |  | |  |  |
| … | / | / | ￥ | |  | |  |  |
| 小计 |  |  |  | |  | |  |  |
| 合计 |  | | | | | | | |
| 注：  ￥”为对应的费用标准，“/”为该访视点无该项目要求，不进行计费  劳务类：请根据实际情况合理列出研究者应参与的工作任务，单次费用应精确至每个访视  制表人：  主要研究者签字： | | | | | | | | |