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| **临床试验受试者补贴费签收表** | | | | | | | | | |
| **申办方：** | | | | **科室：** | | | **项目负责人（PI）：** | | |
| **项目名称：** | | | | | | | | | |
| **筛选号** | **受试者姓名** | **身份证号码** | **发放日期** | | **发放金额（元）** | **联系方式** | | **收到金额（元）** | **受试者签名及日期** |
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| **制表人: 审核人（PI）： 日期：** **金额合计:** | | | | | | | | | |