烟台市烟台山医院医学研究登记备案表

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| 项目名称 | |  | | | | | |
| 研究类型 | | □前瞻性 □回顾性 □动物实验 | | | | | |
| **研究方案** | | | | | | | |
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| **研究者信息表** | | | | | | | |
| 项目负责人 | | | | | | | |
| 姓名 | |  | | 科室 | |  | |
| 电话 | |  | | 身份证号 | |  | |
| 电子邮箱 | |  | |  | |  | |
| 项目组人员 | | | | | | | |
| 姓名 | 单位 | | 学位/职称 | 项目任务分工 | 伦理、GCP培训经历 | | 电子邮箱 |
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