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| **西安大兴医院受试者补助发放登记表** | | | | | | | | | | | | |
| **项目名称** | |  | | | | | | | | | | |
| **研究科室** | |  | | **主要研究者（PI）** | |  | | **启动日期** | | |  | |
| **受试者相关信息** | | | | | | | | | | | | |
| **筛选号** | **姓名缩写** | **访视期** | **补助金额** | **领取人/领取日期** | **发放人/发放日期** | | **发放形式** | | **资料是否留存** | **研究者签字** | | **备注** |
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注：资料包含受试者身份证复印件、微信转账聊天截图、微信转账凭证等