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| **西安大兴医院受试者补助发放信息表** | | | | | | | | | | | | |
| **项目名称** | |  | | | | | | | | | | |
| **研究科室** | |  | | | | | **主要研究者（PI）** |  | | | | |
| **受试者相关信息** | | | | | | | | | | | | |
| **筛选号** | **随机号** | **姓名** | **身份证号** | | | **银行账号** | **开户银行** | | | **补助/元** | | **备注（访视期）** |
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| **合 计** | | | | | | | | | |  | | |
| **主要研究者签字** | |  | | **日 期** |  | | **机构办审核签字** |  | **日 期** | |  | |