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| **西安大兴医院受试者补助领取信息登记表** | | | | | | | | | |
| **项目名称** | |  | | | | | | | |
| **研究科室** | |  | | | **主要研究者（PI）** |  | | | |
| **筛选号** | **随机号** | **姓名** | **身份证号** | **银行账号** | **开户银行** | | **资料留存**  **是/否** | **受试者确认**  **签字/日期** | **研究者确认**  **签字/日期** |
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注：受试者本人领取：身份证复印件、银行卡复印件，复印件上签字签日期

家属代领：关系证明，委托书，受试者及家属的身份证复印件，领取人银行卡复印件，复印件上签字签日期。