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| 项目名称 | |  | | | | |
| 试验科室 | |  | | 主要负责人 | |  |
| 起止年月 | |  | | 最后一例受试者完成日期 | |  |
| **试验费用明细** | | | | | | |
| 1. **研究者观察费：**xx元（明细见附件1、2） | | | | | | |
| **2、机构管理费：**xx元 | | | | | | |
| **3、试验检查检验费：**xx元（明细见附件3） | | | | | | |
| **4、受试者补助费：**xx元（明细见附件3） | | | | | | |
| **5、机构质控费：**xx元 | | | | | | |
| **6、CRC管理费：**xx元 | | | | | | |
| **7、药品/器械管理费：**xx元 | | | | | | |
| **8、资料管理费（自项目结题起5年免费）：**xx元 | | | | | | |
| **9、其他：**xx元 | | | | | | |
| **10、税费：**xx元 | | | | | | |
| **合计： 元** | | | | | | |
| **已支付** |  | | **尾 款** | |  | |
| **申办方/CRO：（签字盖章）**  **年 月 日** | | | **机构办：（签字盖章）**  **年 月 日** | | | |

**附件1： 合同中观察费明细**

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| **访视** | **观察费（元）** | **备注** |
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| **合计： 元/例** | | |

**附件2： 试验完成情况**

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| **筛选号** | **姓名缩写** | **研究者** | **完成情况** | **观察费/元** |
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| **合计： 元** | | | | |

**注：完成情况完成/未完成，未完成的注释清楚原因及退出阶段（如：未完成（V2基线期筛选失败））**

**附件3： 检查、检验、补助费用明细（元）**

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| **筛选号** | **姓名缩写** | **检查检验费用** | **受试者补助** |
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| **合计（元）** | |  |  |