**药物临床试验研究团队成员表**

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| **方案名称** |  | | | |
| **方案编号** |  | | | |
| **申办者/CRO** |  | | | |
| **主要研究者** |  | | | |
| **研究团队成员** | | | | |
| **姓名** | **专业科室** | **岗位** | **职称** | **是否参加过《药物临床试验质量管理规范》培训** |
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主要研究者签名： 日期： 年 月 日