**药物临床试验启动会签到表**

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| 项目名称 |  | | | | | |
| 申办者 |  | | | | | |
| CRO |  | | | | | |
| 专业科室 |  | | | | | |
| 主要研究者 |  | | | | | |
| 会议时间 |  | | | | | |
| 培训时间 |  | | 培训地点 | |  | |
| 姓名（正楷） | 科室 | 职称/职务 | 联系电话 | 邮箱 | 签名 | 日期 |
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