**药物临床试验启动会签到表**

|  |  |
| --- | --- |
| 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 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |