**研究者发起的临床研究**

**资助方、统计单位、参加单位以及研究者信息表**

**（如果没有请填写无）**

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| **资助方** |  | | | | |
| **资助方负责人（+电话）** | |  | | | |
| **资助方项目负责人（+电话）** | |  | | | |
| **资助方项目监查员（+电话）** | |  | | | |
| **CRO** |  | | | | |
| **CRO负责人（+电话）** | |  | | | |
| **CRO项目负责人（+电话）** | |  | | | |
| **CRO项目监察员（+电话）** | |  | | | |
| **统计单位** |  | | | | |
| **统计软件** |  | | | | |
| **统计单位负责人（+电话）** | |  | | | |
| **统计单位项目负责人（+电话）** | |  | | | |
| **临床研究机构名称** | **职责（组长单位，参加单位）** | **主要研究者**  **姓名** | **主要研究者**  **联系方式** | **所属**  **专业** | **计划完成**  **病例数** |
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| 合计 | 单位总数： | / | / | / | 病例总数： |