附件1

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| 延安大学咸阳医院临床试验机构 | | | | | | | | | | | |
| **受试者补助发放记录表** | | | | | | | | | | | |
| **研究科室** |  | **项目名称** |  | | | | **项目编号** |  | | | |
| **受试者姓名** | **领取人身份证号码** | **联系电话** | **领取金额** | | | | | **补助领取时间** | **领取人签字** | **发放人签字** | **审核人** |
| **交通补助** | **采血补助** | **检查相关**  **费用报销** | **其他** | **合计** |
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