安徽省肿瘤医院 药物临床试验机构 文件编号：JG-form-031-1.0

**药物临床试验检验（查）单申领表**

|  |  |
| --- | --- |
| **药物名称** |  |
| **申办方/CRO** |  |
| **科室/研究者** |  |
| **研究类型** |  |  | **协议例数** |  |
| **检验（查）项目** | **检验（查）指标** | **所在实验室** | **次/例** | **申领例数** | **张 数** | **单 号** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **填表人/电话** |  | **填表时间** |  |