**项目申请表**

项目编号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 项目名称 |  | | | | | | | | | | | |
| 伦理审批号 |  | | | | | | | | | | | |
| 课题编号 |  | | 课题来源 | | | | | |  | | | |
| 起始时间 |  | | 临床试验注册号 | | | | | |  | | | |
| 项目负责人 |  | | 单位 | | | | | |  | | | |
| 电话 |  | | 邮箱 | | | | | |  | | | |
| 项目申请人 | 姓名 | | 电话 | | | | | | 邮箱 | | | |
|  | |  | | | | | |  | | | |
|  | |  | | | | | |  | | | |
| 项目摘要 |  | | | | | | | | | | | |
| 技术路线 |  | | | | | | | | | | | |
| 申请样本 | 疾病代码 | 性别 | 年龄阶段 | | | 例数 | 采血管类型 | | | | 体积/例 | 样本类型（管） |
|  |  |  | | |  |  | | | |  |  |
|  |  |  | | |  |  | | | |  |  |
|  |  |  | | |  |  | | | |  |  |
|  |  |  | | |  |  | | | |  |  |
| 申请样本  临床信息 | 检验 |  | | | | | | | | | | |
| 量表 |  | | | | | | | | | | |
| 采集地点 |  | | | | | | | | | | | |
| 受试者报酬 | A：有 B：无 | | | | | | | | | | | |
| 报酬  金额 |  | | 支付方式 | | | |  | | | | |
| 预期研究  成果 |  | | | | | | | | | | | |
| 预期成果  分配 |  | | | | | | | | | | | |
| 申请人签字 |  | | | | 签字日期 | | | | |  | | |
| 样本库  审核意见 |  | | | | | | | | | | | |
| 审核人签字 |  | | | | 签字日期 | | | | |  | | |
| 备注： | | | | | | | | | | | | |