**安康市中医医院国家药物临床试验机构**

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| **研究者简历** | | | | | | | | |
| **姓名** |  | **性别** | |  | | **出生日期** | |  |
| **学历/学位** |  | **专业组** | |  | | **技术职称** | |  |
| **教育经历** |  | | | | | | | |
| **工作经历** |  | | | | | | | |
| **GCP等相关内容培训情况（近三年内）** | **时间** | | **地点** | | **组织单位** | | **培训内容** | |
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| **主要临床试验经历** |  | | | | | | | |

**签名：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 日期： 年 月 日**