**本机构研究人员信息列表**

|  |  |
| --- | --- |
| **方案名称** |  |

**主要研究者**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **姓名：** | **临床专业** |  | **职称** |  |
|  | **GCP证书** | **有□ 无□** | **科室** |  |
|  | **联系电话** |  | | |

**项目负责人**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **姓名：** | **临床专业** |  | **职称** |  |
|  | **GCP证书** | **有□ 无□** | **科室** |  |
|  | **联系电话** |  | | |

**主要参加者**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **姓名** | **临床专业** | **职称** | **GCP证书** | **科室** | **研究分工** |
|  |  |  | **有□ 无□** |  |  |