**受试者补贴签领单**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 项目名称 | |  | | | | | |
| 申办者/CRO | |  | | | | | |
| 专业科室 | |  | | | 主要研究者 |  | |
| 受试者编号 | |  | | | 受试者姓名 |  | |
| 开户行及账号 | |  | | | | 收款人 |  |
| 序号 | 补贴明细 | | 第 次访视 | 金额（元） | 受试者签名  /日期 | 研究者签名  /日期 | 备注 |
|  |  | |  |  |  |  |  |
|  |  | |  |  |  |  |  |
|  |  | |  |  |  |  |  |
|  |  | |  |  |  |  |  |
|  |  | |  |  |  |  |  |
|  |  | |  |  |  |  |  |
|  |  | |  |  |  |  |  |
|  |  | |  |  |  |  |  |

注：补贴明细如交通补贴费、营养补贴费等，根据该项目要求。

**受试者补贴签领单**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 项目名称 | |  | | | | | |
| 申办者/CRO | |  | | | | | |
| 专业科室 | |  | | | 主要研究者 |  | |
| 受试者筛选号 | |  | | | 受试者姓名 |  | |
| 开户行及账号 | |  | | | | 收款人 |  |
| 序号 | 补贴明细 | | 第 次访视 | 金额（元） | 受试者签名  /日期 | 研究者签名  /日期 | 备注 |
|  |  | |  |  |  |  |  |
|  |  | |  |  |  |  |  |
|  |  | |  |  |  |  |  |
|  |  | |  |  |  |  |  |
|  |  | |  |  |  |  |  |
|  |  | |  |  |  |  |  |
|  |  | |  |  |  |  |  |
|  |  | |  |  |  |  |  |

注：补贴明细如交通补贴费、营养补贴费等，根据该项目要求。