**临床试验培训记录表**

**项目名称：**机打

**申办者：**机打

**主要研究者：**机打

**培训日期：**

**培训内容：**

**培训提供者：**

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| --- | --- | --- | --- | --- |
| **研究者姓名** | **科室** | **职称** | **联系电话** | **签名** |
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