个 人 简 历

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | 性 别 | |  | | | | 专 业 | | | |  | | |
| 职 务 |  | | | | | 职 称 | |  | | | | 学 历 | | | |  | | |
| 工作单位及科室 |  | | | | | | | | 联系电话 | | | | |  | | | | |
| 拟担任该试验  项目的职务 | □ 主要研究者 □ 研究者 □ 研究护士 □ 机构药品管理员 | | | | | | | | | | | | | | | | | |
| 教育背景 | | | | | | | | | | | | | | | | | | |
| 学校名称 | | 从(时间) | | | 到(时间) | | | | | 专业 | | | | | 学位 | | | |
|  | |  | | |  | | | | |  | | | | |  | | | |
|  | |  | | |  | | | | |  | | | | |  | | | |
| 工作经历 | | | | | | | | | | | | | | | | | | |
| 工作单位名称 | | | 职 称 | | | | 从(时间) | | | | | | 到(时间) | | | | | |
|  | | |  | | | |  | | | | | |  | | | | | |
|  | | |  | | | |  | | | | | |  | | | | | |
|  | | |  | | | |  | | | | | |  | | | | | |
| GCP/伦理审查培训  范例：1、CFDA，药物临床试验质量管理规范培训，2015.4，沈阳（网络培训） | | | | | | | | | | | | | | | | | | |
| 承担临床试验或科研课题的情况（近三年） | | | | | | | | | | | | | | | | | | |
| 试验/课题名称 | | | | 试验/课题来源  （申办者名称） | | | | | | | 负责人/参与者 | | | | | | 是否完成 | |
| 负责人 | | | 参与者 | | | 是 | 否 |
|  | | | |  | | | | | | | □ | | | □ | | | □ | □ |
|  | | | |  | | | | | | | □ | | | □ | | | □ | □ |
| 发表文章 | | | | | | | | | | | | | | | | | | |
| 0 | | 1-5 | | | 6-10 | | | | | 11-20 | | | | | >20 | | | |
| 签名： 日期： | | | | | | | | | | | | | | | | | | |