个 人 简 历

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| 姓 名 | |  | | | 现任职务 | | | | | |  | | | | | |
| 现在工作单位及部门 | |  | | | | | | | 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 □ 其他： | | | | | | | | | | | | | | |
| 教育背景 | | | | | | | | | | | | | | | | |
| 学校名称 | 从(时间) | | | 到(时间) | | | | 专业 | | | | | | 学位 | | |
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| 工作经历 | | | | | | | | | | | | | | | | |
| 工作单位名称 | | | 职 称 | | | 从(时间) | | | | | | 到(时间) | | | | |
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| 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） | | | | | | | | | | | | | | | | |
| 主要临床研究经验 | | | | | | | | | | | | | | | | |
| 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 |
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| 发表文章 | | | | | | | | | | | | | | | | |
| 0 | 1-5 | | | 6-10 | | | | 11-20 | | | | | | >20 | | |
| 签名： 日期： | | | | | | | | | | | | | | | | |