**机构审查意见**

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| **一、基本信息（由申办方/CRO填写）** | | | | | | | | | |
| 项目名称 |  | | | | | | | | |
| 机构受理号 |  | | | 方案编号 | | |  | | |
| 科室/主要研究者 |  | | | 指定联系人/手机 | | |  | | |
| 临床试验批件号 |  | | | 注册分类 | | |  | | |
| 申办方 |  | | | 联系人/手机 | | |  | | |
| CRO |  | | | 联系人/手机 | | |  | | |
| 组长单位 |  | | | 计划研究时间 | | |  | | |
| 试验中心数目 |  | | 受试者总例数 | |  | | 本中心例数 | |  |
| **二、机构审查意见（由机构办填写）** | | | | | | | | | |
| **机构审查意见** | | | | | | | | | |
| **□同意 □做必要修改后同意 □不同意** | | | | | | | | | |
| **其他意见（如有）** | | | | | | | | | |
|  | | | | | | | | | |
| **审核人签字** | |  | | | | **日期** | |  | |
| **机构办负责人签字** | |  | | | | **日期** | |  | |
| **备注** | |  | | | | | | | |