## **20.受试者访视补贴发放记录表**

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| **方案名称(编号)** |  | | | | | | |
| **研究中心** |  | | | **主要研究者** | |  | |
| **申办方** |  | | | | | | |
| **受试者鉴认码** | **姓名** | **身份证号码** | **银行卡号及支行** | **电话** | **金额**  **（元）** | | **受试者签名** |
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| **合计** | | | | |  | | |
| **主要研究者签名： 日期：** | | | | | | | |

备注：请根据需要增加/删减表格行数；页面超出一页请双面打印，签字栏不得单独成页