**主要研究者履历**

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| 姓名 |  | | 性别 | |  | | | 出生年月 | |  | | 相片  （小一寸） |
| 学历 |  | | 职称 | |  | | | 专业 | |  | |
| 单位 |  | | | | 联系电话 | | |  | | | |
| 联系地址 |  | | | | 联系邮箱 | | |  | | | |
| **一、教育经历（从大学开始）** | | | | | | | | | | | | |
| 起止时间 | | 就读学校 | | | | 所学专业 | | | | | 取得学位/资格 | |
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| **二、工作经历** | | | | | | | | | | | | |
| 起止时间 | | 工作单位 | | | | 所在部门 | | | | | 职务/职称 | |
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| **三、是否有参加/主持过药物临床试验项目** | | | | | | | | | | | | |
| 口 是（请填写具体情况） | | | | | | | 口 否 | | | | | |
| 开展时间 | | 药物临床试验的类别（I/Ⅱ/Ⅲ/Ⅳ） | | | | | | | | | 参加/主持 | |
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| **四、学会任职** | | | | | | | | | | | | |
| 时间 | | | | 学术团体名称 | | | | | 职务 | | | |
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| **五、与伦理、GCP相关的继续教育情况** | | | | | | | | | | | | |
| 时间 | | 继续教育项目名称 | | | | 举办单位 | | | | | GCP相关培训 | |
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本人承诺上述信息真实无误。

主要研究者签名： 签名日期：