**临床试验受试者补贴登记表**

项目名称：

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| **访视编号** | **筛选号** | **姓名** | **身份证号码** | **电话号码** | **银行卡号码** | **开户行** | **补贴金额** | **研究者确认** | **备注** |
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| 合计： |  |  |  |  |  |  |  |  |  |

项目负责人：