药物临床试验纸质文件受控盖章申请表

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| 项目编号 | |  | | | |
| 项目名称 | |  | | | |
| 申办者 | |  | | | |
| 专业科室 | |  | 主要研究者 |  | |
| 序号 | 文件名称 | | 版本号/版本日期 | 份数 | 备注 |
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| 申请人签字/日期: | | | | | |
| 主要研究者签字/日期: | | | | | |
| 审核人（机构质控员）签字/日期： | | | | | |