**受试者报销费用列表**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **姓名** | **身份证号** | **银行卡号** | **开户行** | **金额（元）** | **总金额（元）** | **备注** |
|  |  |  |  |  |  |  |
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**附件：**

**受试者报销汇总单**

**项目名称：XXX临床试验**

**承接单位：内江市第一人民医院**

**承接专业组：XXX科**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **姓名** | **代垫医药费** | **交通费** | **营养费** | **其他** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**临床试验机构办公室负责人： 日期：**

**临床试验机构主任： 日期：**

**临床试验机构盖章：**

**受试者报销明细单**

**受试者姓名：**  **XXX**  **受试者编号：** XXX

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **费用名称** | **金额** | **发票号** | **受试者签名** | **备注** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**受试者姓名：**  **XXX**  **受试者编号：** XXX

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **费用名称** | **金额** | **发票号** | **受试者签名** | **备注** |
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**受试者姓名：**  **XXX**  **受试者编号：** XXX

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **费用名称** | **金额** | **发票号** | **受试者签名** | **备注** |
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**（明细表有几个受试者填几个表格，多余表格请删除，本行文字打印时请删除）**

**经办人： 日期：**

**主要研究者（PI）：**

**授权项目监查员： （此处请根据实际情况自行决定是否保留，打印时请删除括号中内容）**

**临床试验机构办公室负责人：**

**临床试验机构盖章：**

|  |
| --- |
| **发票及清单粘贴处：** |