**临床试验经费核算表**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 临床试验项目名称： | |  | | | | | | | | | |
| 申办者 | |  | | | | | | | | | |
| 项目编号： | |  | | | | 专业科室： | |  | | | |
| 费用明细 | | 单价 | 数量 | 共计 | | 专业科室 | 机构 | 辅助科室 | | 医院 | 其他  （备注） |
| 病例  观察费 | 完成方案 |  |  |  | |  |  |  | |  |  |
| 脱落病例 |  |  |  | |  |  |  | |  |  |
| 受试者检验检测费 | 完成方案 |  |  |  | |  |  |  | |  |  |
| 脱落病例 |  |  |  | |  |  |  | |  |  |
| 机构管理费 | |  |  |  | |  |  |  | |  |  |
| 其他研究人员经费 | |  |  |  | |  |  |  | |  |  |
|  | |  |  |  | |  |  |  | |  |  |
|  | |  |  |  | |  |  |  | |  |  |
| 共计 | |  |  |  | |  |  |  | |  |  |
| 我已核对以上费用，同意支付。 | | | | | | | | | | | |
| 研究负责人 | |  | | | 日期 | | | |  | | |
| 专业科室负责人 | |  | | | 日期 | | | |  | | |
| 机构秘书 | |  | | | 日期 | | | |  | | |
| 机构办公室主任 | |  | | | 日期 | | | |  | | |