**临床试验费用付款明细**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 项目名称 |  | | | | | | | | | | | | |
| 方案号 |  | | | 科室 | |  | | | | 主要研究者 | |  | |
| 申办者 |  | | | CRO | |  | | | | 付款单位 | |  | |
|  | 付款时间 | | 检查费（元） | | 受试者补贴（元） | | | 观察费（元） | | | 其他（元） | | 总计  （元） |
| 第一笔 |  | |  | |  | | |  | | |  | |  |
| 第二笔 |  | |  | |  | | |  | | |  | |  |
| 第三笔 |  | |  | |  | | |  | | |  | |  |
| …….. |  | |  | |  | | |  | | |  | |  |
| 尾款 |  | |  | |  | | |  | | |  | |  |
| 费用总计：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ （元） | | | | | | | | | | | | | |
| 人员确认 | | | | | | | | | | | | | |
| 监查员 | |  | | | | | 主要研究者 | |  | | | | |