**附件6：**

**研究人员授权职责分工及签名表**

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| **研究人员**  **姓名(正楷)** | **签名**  **（手写）** | **姓名拼音**  **首字母缩写** | | **电话/邮箱** | **项目角色** | | | **研究中被授权的职责★**  **（对应数字代表职责**  **，用逗号隔开）** | | **授权开始日期**  **(年/月/日)** | **PI签字** | | | **授权结束日期**  **(年/月/日)** | **PI签字** |
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| **★主要研究者将下列职责委托给相应的研究人员:** | | | | | | | | | | | | | | | |
| **1.执行知情同意过程；** | | | **2.受试者筛选；** | | | **3.受试者随访评估；** | | | **4.填写/修改病例报告表；** | | | | **5.数据疑问解决；** | | |
| **6.试验用药品接收/清点；** | | | **7.试验用药品发放及回收；** | | | **8.研究用品物资管理；** | | | **9.特殊标本制备（包括生物样本采集）；** | | | | **10.特殊标本管理；** | | |
| **11.报告严重不良事件；** | | | **12.与伦理委员会联络；** | | | **13.特殊检查,请详述: ；** | | | | | | **14.生物样本预处理和管理；** | | | |
| **15.总负责；** | | | **16.其他,请详述: ；** | | | | **17.其他,请详述: ；** | | | | | **18.其他,请详述: ；** | | | |

**项目名称和方案编号：**