**药物临床试验归档资料档案借阅申请表**

**（借阅资料限7日内归还）**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 借阅人 |  | | 手机号 |  | | 借阅单位 | | |  |
| 申请日期 | X年X月X日 | | 借阅日期 | X年X月X日 | | 到期日期 | | | X年X月X日 |
| 借阅人签字 |  | | 身份证号 |  | | | | | |
| 借阅事由： | | | | | | | | | |
| 文件名 | | | | | 编号 | | | 档案位置 | |
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| 总计： 件 | | | | | | | | | |
| 主要研究者签字 | |  | | | 签字日期 | |  | | |
| 档案管理员签字 | |  | | | 机构办公室主任签字 | |  | | |
| 备注： | | | | | | | | | |