|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **项目名称**： | | | | | | | | |
| **申办方**： | | | | | | | | |
| **研究中心：**湖南中医药大学第一附属医院  **中心号：** | | | | | | | | |
| **受试者交通补偿领取记录表** | | | | | | | | |
| **药物编号** | **受试者姓名** | **身份证号码** | **银行卡号** | **开户行** | **访视周期** | **领取金额** | **受试者申请**  **签字确认** | **备注** |
|  |  |  |  |  | 访视2 |  |  |  |
| 访视3 |  |  |  |
| 访视4 |  |  |  |
| 访视5 |  |  |  |
| 访视6 |  |  |  |
|  |  |  |  |  | 访视2 |  |  |  |
| 访视3 |  |  |  |
| 访视4 |  |  |  |
| 访视5 |  |  |  |
| 访视6 |  |  |  |