**研究者履历表**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓　　名** |  | | | **性　别** |  | **出生日期** |  |
| **学 历** |  | | | **科 室** |  | **职称/职务** |  |
| **电话/手机** |  | | | | | **E-mail** |  |
| **通讯地址** |  | | | | | | |
| **GCP培训情况** |  | | | | | | |
| **教育简历：** | | | | | | | |
| **起止年月** | | | **教育经历** | | | | |
|  | | |  | | | | |
|  | | |  | | | | |
|  | | |  | | | | |
| **工作简历：** | | | | | | | |
| **起止年月** | | | **工作经历** | | | | |
|  | | |  | | | | |
|  | | |  | | | | |
|  | | |  | | | | |
| **临床试验经历：** | | | | | | | |
| **起止年月** | | **临床试验名称** | | | | | |
|  | |  | | | | | |
|  | |  | | | | | |
|  | |  | | | | | |
|  | |  | | | | | |
| *我签名确认，以上信息均真实准确的反映了我现在的职务和资质。*  **研究者签名： 年 月 日** | | | | | | | |