附件5

商洛市中心医院科研项目检测（检查）统计表

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 课题负责人 | |  | | 课题名称 | |  | | | 课题  编号 |  |
| 送检科室 | |  | | 送检样本 | |  | 送检  样本量 |  | 送检人 |  |
| 检测（检查）费收费标准 | |  | | | | | 检测（检查）总费用 |  | | |
| 编号 | 姓名 | 年龄 | 性别 | | 患者类别（门诊/住院/体检）及编号 | | 送检  日期 | 检查  日期 | 检测结果 | |
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| 22 |  |  |  | |  | |  |  |  | |
| 编号 | 姓名 | 年龄 | 性别 | | 患者类别（门诊/住院/体检）及编号 | | 送检  日期 | 检查  日期 | 检测结果 | |
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制表人： 科室负责人：

课题负责人： 科教科：