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| 20 | 年 |  | 月 |  | 日 |

**研究機関の概要**

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| 研究機関名 |  | | | | | | | | | | | | | |
| 代表者 |  | | | | | | | | | | | | | |
| 診療科目  (医療機関の場合) |  | | | | |  | | | | |  | |  | |
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|  | | | | |  | | | | |  | |  | |
| 所在地 |  | | | | | | | | | | | | | |
| TEL/FAX | TEL： | | | | | | | | | | FAX： | | | |
| 病床数  (医療機関の場合) |  | | | | | | | | | | | | | |
| 設立年月日 | 西暦 |  | 年 | |  | | 月 | |  | 日 | | | | |
| 職員構成 | 医師： | | |  | | | | 名 | | | 臨床検査技師： |  | | 名 |
| 看護師： | | |  | | | | 名 | | | その他： |  | | 名 |
| 薬剤師： | | |  | | | | 名 | | |  |  | |  |
| 緊急時の対応  （搬送先等） |  | | | | | | | | | | | | | |
| 研究に係る  規程・手順書 | □ あり　　　　　□ なし | | | | | | | | | | | | | |
| 備考 |  | | | | | | | | | | | | | |