附件一：

**南昌大学第一附属医院**

**药物临床试验机构接待外院参观学习汇总表**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 单位 | 在院时间 | 姓名 | 职称/职务 | 联系方式 |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |

附件二：

**意见反馈表**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 单位 |  | | | |
| 来院日期 |  | | | |
| 离院日期 |  | | | |
| 此行目的 |  | | | |
| 人员 | 姓名 | | 职务/职称 | 联系方式 |
|  | |  |  |
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|  | |  |  |
|  | |  |  |
| 反馈意见（非常感谢您的宝贵意见，帮助我们改进今后的工作） | |  | | |
| 签名： 日期： | | | | |