**对账单**

致：宁夏回族自治区人民医院

由***XXXXXXXXXXXXXXXXXX***有限公司发起的，在贵院开展的《***XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX***》已达到关中心条件，现与贵单位进行费用结算，费用信息如下，详细计算过程见附表：

|  |  |
| --- | --- |
| 产生费用总计（含税） |  |
| 已支付费用 |  |
| 待支付（退款）费用 |  |

如果费用记录与贵院费用记录相符，请在本函下端“数据确认无误”处确认；如有不符，请在“数据不符”处列明不符金额。费用核算无误后即安排公司打款。

（公司盖章）

经办人：

日期：

以上信息已阅，可以进行财务结算！

主要研究者签字：

机构办公室签字：

|  |  |
| --- | --- |
| 数据证明无误  经办人：  日期： | 数据不符，请列明不符金额  经办人：  日期： |

**对账单一式两份**

**附件1**

**临床试验经费汇总表**

|  |  |
| --- | --- |
| **检查费** | **13743.02** |
| **受试者补助** | **11600** |
| **研究者观察费** | **94400** |
| **机构管理费** | **18880** |
| **票面税费（已开发票）** | **1800.92(181892.93/1.01\*0.01)** |
| **附加税** | **216.11** |
| **总计** | **140640.05** |
| **首款** | **181892.93** |
| **退款** | **41252.88** |

**备注：涉及退款的项目，首款中已支付的税费及附加税不退还。财务核对金额无误后，由申办者开具等额收款收据，医院收到收款收据后进行退款。**

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| **检查费** | **25527.51** |
| **受试者补助** | **14850** |
| **研究者观察费** | **103500** |
| **机构管理费** | **20700** |
| **税费** | **1645.78** |
| **附加税** | **197.49** |
| **总计** | **166420.78** |
| **首款** | **154586.98** |
| **尾款** | **11833.80** |

**备注：涉及补尾款的项目，剩余尾款需按照项目经费结算时国家政策要求，缴纳税费及附加税。财务核对金额无误后，申办者支付尾款，并将汇款凭证及开票信息发送至机构邮箱（nxrmyygcp@163.com），开具尾款发票请联系郑蓉蓉老师，电话：0951-5920502。**

**附件2**

**检查费明细**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 筛选号 | V1 | | ........ | | Vn | | 计划外访视 | | 合计 | 备注 |
| 访视日期 | 实际费用 | 访视日期 | 实际费用 | 访视日期 | 实际费用 | 访视日期 | 实际费用 |  |  |
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| 总计 | | | | | | | | |  |  |

**附件3**

**受试者补贴明细**

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| 筛选号 | V1 | | ........ | | Vn | | 计划外访视 | | 合计 | 备注 |
| 访视日期 | 补助金额 | 访视日期 | 补助金额 | 访视日期 | 补助金额 | 访视日期 | 补助金额 |  |  |
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| 总计 | | | | | | | | |  |  |

**附件4**

**研究者观察费明细**

|  |  |  |  |  |  |  |  |  |  |  |
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| 筛选号 | V1 | | ........ | | Vn | | 计划外访视 | | 合计 | 备注 |
| 访视日期 | 补助金额 | 访视日期 | 补助金额 | 访视日期 | 补助金额 | 访视日期 | 补助金额 |  |  |
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| 总计 | | | | | | | | |  |  |

**附件5**

**受试者访视周期**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 序 号 | 筛选号 | V1 | V2 | V3 | .......... | Vn | 访视周期/月 |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
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| 8 |  |  |  |  |  |  |  |
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| 10 |  |  |  |  |  |  |  |
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| ........ |  |  |  |  |  |  |  |
| ........ |  |  |  |  |  |  |  |
| 平均访视周期/月 |  | | | | | | |

备注：访视周期=（末次访视日期-首次知情日期+1）/30；所有受试者均需要在表格中列出访视日期；平均访视周期只计算完成访视的受试者。