**免费检验检查明细表**

**项目编号：**

**项目名称：**

**科室：**

**主要研究者：**

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| **项目要求** | | **医院开具** | | **费用（元）** | **次数** | **例数** | **合计** |
| **项目名称** | **检查内容** | **项目名称** | **项目代码** |
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| 合计 | | | |  |  |  |  |

主要研究者（签名）： 日期 ：