**附件1**

**南昌市市级重点专科建设项目**

**申报书**

**申报单位（盖章）：**

**申报子项目名称：**

**申报专科（群）名称：**

**主管部门：**

**申报日期：**

**南昌市卫生健康委员会制**

**填写说明**

一、重点专科申报表各项内容的填写应实事求是、认真严谨、准确完整；字迹清晰易辨，不得使用没有规定的符号、代码和缩写，不得填报虚假信息。

二、第一部分基本情况主要填写单位相关情况。“单位名称”应填写行政管理部门批准的第一名称全称。

三、“医院类别”填写“综合”、“专科”，“医院等次”应填写“甲等”或“乙等”。卫生单位填“无”

四、“联系电话”应填写医院院办公室电话或负责重点专科事宜的科室电话。

五、“技术队伍情况”指申报临床重点专科当年在科室工作人员的情况。

六、“学术团体及专业杂志任职情况”指在全国、全省、全市本专业学术团体中担任主任委员、副主任委员、常务委员等职，或在相关专业杂志中担任主编、副主编、常务编委等职的情况。其中1人兼任

七、学科骨干是指在专科内某一专业发展方向具有较高学术和技术水平、作为学科带头人后备力量的正高级职称人员。

八、“住院病种”指根据《国际疾病分类》（ICD-10）中的病名确定，按照出院第一诊断进行统计，本专业住院患者排位在前5位的病种。

九“技术应用比例”指应用技术治疗住院（或门诊）患者数量占本专业住院（或门诊）患者总数量的比例。

十、“派出进修培训”指专科申报近三年，派出本科室人员进修培训半年以上的情况。

十一、“继续医学教育”指近三年参加国家级、省级的继续医学教育。

十二、 科研课题“级别”应填写国家级、部级或省级，“立项时间”应填写课题批准立项的年份，“参与研究单位（人）排位”系指申报重点专科的临床科室或该科室专业技术人员在参加该科研课题组中前五位研究者的排位顺序。

十三、科研成果项目获奖“等级”指国家级、部级或省级以及中华医学科技奖的一、二、三等奖。

十四、“发表论文”指近三年本科室人员发表的研究论文（仅限于论著）。“作者（序号）”即指本科室论文作者前三位排位序号，以①、②、③号码表示。例：王××①、李××②、方×③。

十五、论文“发表期刊及年、卷、期、页”即填写发表论文于什么期刊的哪一年第几卷第几期第几页。例：《中华检验医学杂志》2008，28（5）：519-521。

十六、“期刊类别”指SCI收录期刊或统计源期刊。

十七、表中“建设周期三年目标”如无特指均为重点专科未来三年建设的规划或目标。

十八、部分填写参阅表内“注”。

十九、本申报书用A4纸打印，并于左侧装订成册。

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| 一、基本情况 | | | | | | | | | | | | | |
| 单位名称 | | | |  | | | | | | | | | |
| 单位性质 | | | |  | | | | | | | | | |
| 医院类别 | | | |  | | | | 医院等次 | | |  | | |
| 地 址 | | | |  | | | | | | | 邮政编码 | |  |
| 联系电话 | | | |  | | | | 传真电话 | | |  | | |
| 医院实际开放床位数 | | | |  | | | 单位业务用房建筑面积 | | | | | m2 | |
| 单位总人数 | | | | 人，其中卫生技术人员数 人，管理人员数 人； | | | | | | | | | |
| 法定代表人 | | | |  | | | | | | | | | |
| 联系电话 | | | | （办）： （手机）： | | | | | | | | | |
| 申报专科负责人 | | | |  | | | | | | | | | |
| 联系电话 | | | | （办）： （手机）： | | | | | | | | | |
| 申报项目负责人 | | | |  | | | | | | | | | |
| 联系电话 | | | | （办）： （手机）： | | | | | | | | | |
| 二、专科（群）情况 | | | | | | | | | | | | | |
| 序号 | 专科名称 | | | 实际开放床位数（张） | | | 目标开放床位数（张） | | | 业务用房建筑面积（m2） | | 目标业务用房建筑面积（m2） | |
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| 注：多个专科联合申报专科群时，需依次填写每个专科情况，第一个为牵头专科。 | | | | | | | | | | | | | |
| **（一）技术队伍情况** | | | | | | | | | | | | | |
| **1．医师人员一览表** | | | | | | | | | | | | | |
| 姓 名 | | 性别 | 出生年月 | | 学历学位 | 职称 | 专 业 | | 从事本专业年限 | | | 学术团体及杂志担任职务 | |
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注：人员较多，可另附页。

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| **2．专业技术人员一览表** | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | 性别 | | | 出生年月 | | | 学历学位 | | 职称 | | | 专 业 | | | 从事本  专业年限 | | | 学术团体及  杂志担任职务 | | |
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| **3、护理人员一览表** | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | | 性别 | | | 出生年月 | | | 学历学位 | | 职称 | | | 专 业 | | | 从事本  专业年限 | | | 学术团体及  杂志担任职务 | |
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| **4．职称结构** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | 总 计  人 数 | | | | | 职称分类 | | | | | | | | | |
| 正高级 | | | 副高级 | | | 中 级 | | | 初 级 |
| 合 计 | | | | | |  | | | | |  | | |  | | |  | | |  |
| 卫 生  技 术  人 员 | | | 小 计 | | |  | | | | |  | | |  | | |  | | |  |
| 医 师 | | |  | | | | |  | | |  | | |  | | |  |
| 护 士 | | |  | | | | |  | | |  | | |  | | |  |
| 技术人员 | | |  | | | | |  | | |  | | |  | | |  |
| 管理人员 | | | | | |  | | | | |  | | |  | | |  | | |  |
| 其 他 | | | | | |  | | | | |  | | |  | | |  | | |  |
| **5．学历学位结构** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | 总 计  人 数 | | | | | 学历学位分类 | | | | | | | | | |
| 博士  研究生 | | | 硕士  研究生 | | | 本科  学士 | | | 大专以下学历 |
| 合 计 | | | | | |  | | | | |  | | |  | | |  | | |  |
| 卫 生  技 术  人 员 | | | 小 计 | | |  | | | | |  | | |  | | |  | | |  |
| 医 师 | | |  | | | | |  | | |  | | |  | | |  |
| 护 士 | | |  | | | | |  | | |  | | |  | | |  |
| 技术人员 | | |  | | | | |  | | |  | | |  | | |  |
| 管理人员 | | | | | |  | | | | |  | | |  | | |  | | |  |
| 其 他 | | | | | |  | | | | |  | | |  | | |  | | |  |

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| **6．项目负责人（牵头专科）情况** | | | | | | | | |
| 姓 名 |  | 性别 |  | | | 出生年月 | |  |
| 毕业学校 |  | | | | | 毕业时间 | |  |
| 学历学位 |  | 职称 |  | | | 职 务 | |  |
| 所学专业 |  | | | | | 从事本专业年限 | |  |
| 专 长 |  | | | | | | | |
| 外语语种 |  | 熟练程度 | |  | 电子邮件 | |  | |
| 第二外语  语种 |  | 熟练程度 | |  |
| 联系电话 | （办）： （手机）： | | | | | | | |
| 学术团体及专业杂志任职情况： | | | | | | | | |
| 医疗工作情况： | | | | | | | | |
| 近三年所承担科研项目、获奖成果、专利、发表论著等情况： | | | | | | | | |

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| **7、专科群除牵头科室外其余专科负责人及骨干人员一览表** | | | | | | | |
| 序号 | 科室 | 姓 名 | 性别 | 出生年月 | 职务 | 职称 | 联系电话 |
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| **8．项目联络员信息** | | | | | | | |
| 姓 名 |  | 性别 |  | | 出生年月 | |  |
| 毕业学校 |  | | | | 毕业时间 | |  |
| 学历学位 |  | 职称 |  | | 职 务 | |  |
| 所学专业 |  | | | | 从事本专业年限 | |  |
| 专 长 |  | | | | | | |
| 外语语种 |  | 熟练程度 | |  | 电子邮件 |  | |
| 联系电话 | （办）： （手机）： | | | | | | |
| 学术团体及专业杂志任职情况： | | | | | | | |
| 医疗工作情况： | | | | | | | |
| 近三年所承担科研项目、获奖成果、专利、发表论著等情况： | | | | | | | |

注：项目联络员应选拔业务科室青年骨干担任，不得由项目负责人、科室负责人（包括牵头科室和其他科室）、行政科室相关工作人员担任。要求能熟练掌握能否熟练操作文字、数据统计处理、演示文稿等软件。

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| **（二）服务能力和水平** | | | | | | | | | | | | | | | | | | | | |
| **1.重点（特色）技术** | | | | | | | | | | | | | | | | | | | | |
| **（1）临床科室** | | | | | | | | | | | | | | | | | | | | |
| 重点（特色）技术名称 | 手术分级级别或技术类别 | | | 建设周期前三年开展例数 | | | | | | | | | | 建设周期三年目标例数 | | | | | | |
| 2020年 | | 2021年 | | | | 2022年 | | | | 2023年 | | | 2024年 | | 2025年 | |
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| **（2）非临床科室** | | | | | | | | | | | | | | | | | | | | |
| 重点（特色）技术名称 | 技术评价指标及单位 | | | 建设周期前三年开展水平 | | | | | | | | | | 建设周期三年目标水平 | | | | | | |
| 2020年 | | 2021年 | | | | 2022年 | | | | 2023年 | | | 2024年 | | 2025年 | |
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| 注：  1、重点（特色）技术包括项目科室四级手术，特有检查、治疗项目，核心检测技术、核心业务服务技术等，选择难度、特色排在**前5位**的填报，常规使用量大的普遍性检查、治疗、公卫项目不用填写。  2、除三级医院以外的单位可选择申报科室核心技术或核心服务申报。  3、非临床科室重点（特色）技术评价指标应选择可量化且可提取佐证材料的指标开展评价，不能选择满意度等受主观因素影响较大的评价指标。  4、非临床科室重点（特色）技术开展情况，应填写对应技术评价指标的评价情况，例如某技术使患者治疗时间为60分钟，评价指标为“时间”，单位为“分钟”，开展水平为“60” | | | | | | | | | | | | | | | | | | | | |
| **2.1建设周期前三年新技术、新业务** | | | | | | | | | | | | | | | | | | | | |
| **（1）临床科室** | | | | | | | | | | | | | | | | | | | | |
| 新技术新业务名称 | | | 手术级别或技术类别 | | | | 开展年度 | | | | 开展例数 | | 新技术新业务先进性 | | | | | | | |
|  | | |  | | | |  | | | |  | | □国内最早 □省内最早  □市级最早 □单位突破 | | | | | | | |
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| **（2）非临床科室** | | | | | | | | | | | | | | | | | | | | |
| 新技术新业务名称 | | | 技术评价指标及单位 | | | | 开展年度 | | | | 开展情况 | | 新技术新业务先进性 | | | | | | | |
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| **2.2建设周期三年拟开展新技术、新业务** | | | | | | | | | | | | | | | | | | | | |
| **（1）临床科室** | | | | | | | | | | | | | | | | | | | | |
| 拟开展新技术新业务  名称 | | | 手术级别或技术类别 | | | | 拟开展  年度 | | | | 拟开展例数 | | 新技术新业务先进性 | | | | | | | |
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| **（2）非临床科室** | | | | | | | | | | | | | | | | | | | | |
| 新技术新业务名称 | | | 技术评价指标及单位 | | | | 开展年度 | | | | 开展情况 | | 新技术新业务先进性 | | | | | | | |
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| 注：  1、建设周期三年开展的新技术、新项目应为单位过去未开展的，原则上尽量对标国内（省内）领先技术、前沿技术和前沿服务项目。  2、新技术新业务领先于省级医院开展的先进性选择“省内最早”；省级医院已开展，但率先在市级医院中开展新技术新业务的先进性选择“市级最早”。 | | | | | | | | | | | | | | | | | | | | |
| **3.建设周期前三年排名前五位的住院病种（技术服务）情况** | | | | | | | | | | | | | | | | | | | | |
| **（1）临床科室** | | | | | | | | | | | | | | | | | | | | |
| **年排名前五位的病种（技术服务项目）** | | | | | | | | | | | | | | | | | | | | |
| 疾病名称 | | 总例数 | | | 急危重症比例 | | | | 疑难症比例 | | | 治愈率 | | | 平均住院日 | | | 人均费用 | | |
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| **年排名前五位的病种（技术服务项目）** | | | | | | | | | | | | | | | | | | | | |
| 疾病名称 | | 总例数 | | | 急危重症比例 | | | | 疑难症比例 | | | 治愈率 | | | 平均住院日 | | | 人均费用 | | |
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| **年排名前五位的病种（技术服务项目）** | | | | | | | | | | | | | | | | | | | | |
| 疾病（技术）  名称 | | 总例数 | | | 急危重症比例 | | | | 疑难症比例 | | | 治愈率 | | | 平均住院日 | | | 人均费用 | | |
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| **（2）非临床科室** | | | | | | | | | | | | | | | | | | | | |
| **年排名前五位的技术服务项目** | | | | | | | | | | | | | | | | | | | | |
| 技术（服务）  名称 | | 总开展次数 | | | 评价  指标 | | | | 评价  单位 | | | 评价  结果 | | | 技术开展成功比例 | | | 次均费用 | | |
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| **年排名前五位的技术服务名称** | | | | | | | | | | | | | | | | | | | | |
| 技术（服务）  名称 | | 总开展次数 | | | 评价  指标 | | | | 评价  单位 | | | 评价  结果 | | | 技术开展成功比例 | | | 次均费用 | | |
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| **年排名前五位的病种** | | | | | | | | | | | | | | | | | | | | |
| 技术（服务）  名称 | | 总开展次数 | | | 评价  指标 | | | | 评价  单位 | | | 评价  结果 | | | 技术开展成功比例 | | | 次均费用 | | |
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| 注：**评价单位**填写评价指标的计量单位，例如：评价指标为完成该项技术所需时间，评价单位为分钟，评价结果为30，即平均30分钟可以完成该项技术。**技术开展成功比例**应填写申请开展该技术（服务）的例数中最终成功完整开展该项技术（服务）比例。**次均费用**填写每次开展1例该项目的成本消耗。 | | | | | | | | | | | | | | | | | | | | |
| **4.建设周期前三年技术推广情况** | | | | | | | | | | | | | | | | | | | |
| 项目名称 | | | | | | | | 举办培训班次数 | | | | | | | | 受训人数 | | | |
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| **建设周期三年拟推广技术项目目标** | | | | | | | | | | | | | | | | | | | |
| 拟推广项目技术名称 | | | | | | | | 拟开展培训班次数 | | | | | | | | 拟培训人数 | | | |
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| 注：建设周期三年拟推广技术可以年度动态调整。 | | | | | | | | | | | | | | | | | | | |

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| **5.服务量和服务水平指标** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目** | | | | | | | | | | | **建设周期前三年** | | | | | | | | | | | | | | | **建设周期三年目标** | | | | | | | | | |
| 序号 | 名称 | | | | | | | | | | 2020年 | | | | | 2021年 | | | | | | | 2022年 | | | 2023年 | | | | | 2024年 | | | | 2025年 |
| 1 | 年门诊人次（年服务人次） | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  |
| 2 | 年门诊人次中外阜人次占比（%） | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  |
| 3 | 年出院患者人次 | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  |
| 4 | 年出院患者中外阜人次占比（%） | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  |
| 5 | 年手术量 | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  |
| 6 | 年手术量中三、四级手术占比（%） | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  |
| 7 | 平均住院日 | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  |
| 8 | 病床年周转次数 | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  |
| 9 | 年门诊人次均次费用 | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  |
| 10 | 年出院患者人均费用 | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  |
| 11 | 年医疗纠纷发生例数 | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  |
| 12 | 入出院诊断符合率 | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  |
| 13 | 年专家外出会诊次数 | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  |
| 14 | 门诊患者重点（特色）技术应用占比（%） | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  |
| 15 | 门诊患者新技术应用占比（%） | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  |
| 16 | 出院患者重点（特色）技术应用占比（%） | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  |
| 17 | 出院患者新技术应用占比（%） | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  |
| 18 | 服务对象满意度 | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  |
| 19 | 年度科室投诉次数 | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  |
| 20 | 接收外单位在职人员进修人次 | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  |
| 21 | 科室年收入（万元） | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  |
| 22 | 科室人均业务收入（万元） | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  |
| 23 | 科室人均绩效工资（万元） | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  |
| 24 | …… | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  |
| 25 | …… | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  |
| 26 | …… | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  |
| 注：非临床科室可以**自行增减**能够反映申报科室核心业务情况的指标项目，指标项目必须包含上表“1.重点（特色）技术”、“2.2建设周期三年拟开展新技术、新业务”、“3.建设周期前三年排名前五位的住院病种（技术服务）情况”中的评价指标。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **（三）人才培养** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1．建设周期前三年派出学历学位教育情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | | | 在职深造  学历学位 | | | | | | 在读院校（国内、外） | | | | | | | | | | | | | 学习年限 | | | | | | | | | | | 毕业年月 | | |
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| **2．建设周期前三年派出进修培训** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | | | 在何单位进修 | | | | | | | | | | | | | | 进修专业 | | | | | | | | 进修时间  （年月～年月） | | | | | | | | | | |
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| **3．建设周期前三年派出参加国家级、省级继续医学教育项目情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | | | 参加继续教育项目名 | | | | | | | | | | | | | | 继续项目类别 | | | | | | | | 学习时间  （年月～年月） | | | | | | | | | | |
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| **4.1建设周期前三年科室派出人员培养情况统计** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 合 计 | | | 博士后 | | | | | | 博士生 | | | | | | | | | | | 硕士生 | | | | | | | | | | 进修生 | | | | | |
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| **4.2建设周期三年科室派出人员培养进修计划目标** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 合计 | | | 博士后 | | | | | | 博士生 | | | | | | | | | | | 硕士生 | | | | | | | | | | 进修生 | | | | | |
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| **5．建设周期前三年承办省级（含省级）以上继续医学教育项目** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6. 建设周期前三年接受外来人员进修情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | | 受训人员单位 | | | | | | 受训人员单位级别 | | | | 受训人员  目前职务 | | | | | | | | | | | | | | 学习时间  （年月～年月） | | | | | | | | |
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| **7. 建设周期前三年接受外来人员学历学位教育情况统计** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 合 计 | | | 博士生 | | | | | | | 硕士生 | | | | | | | | | | | | | | 本科生 | | | | | | | | | | | |
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| **（四）科研情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.建设周期前三年承担的省部级及以上科研课题情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要科研课题项目名称 | | | | | | | | 级 别 | | | | 项目批准  单位 | | | | | | | | | | 立项时间  （年） | | | | | | 参加研究单位（人）排位 | | | | | | | |
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| **2.建设周期前三年获奖以上科研项目情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要科研成果名称 | | | | | | | | | | | 获奖名称与等级 | | | | | | | | 获奖时间  （年） | | | | | | | 获奖项目单位  （人）排序 | | | | | | | | | |
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| **3.建设周期前三年论文发表情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 作者（序号） | | | | | 主要发表论文题目 | | | | | | | | | | | | | 发表期刊及  年、卷、期、页 | | | | | | | | | | | | | | DOI号 | | | |
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| 公开发表  论文总计 | | | | | SCI收录期刊 | | | | | | | | | | | | | 中国科技核心期刊 | | | | | | | | | | | | | | | | | |
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| 注：  1、仅统计已见刊论文，统计时间以见刊时间为准；  2、仅填写SCI论文及中国科技核心期刊发表论文，SCI目录及中国科技核心期刊目录以填报时最新版本为准。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4建设周期前三年著作出版情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 作 者 | | | | 著 作 名 | | | | | | | | | | | 出 版 社 | | | | | | | | | | | | | | 出版年份 | | | | | | |
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| **5．建设周期前三年获得专利情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专 利 者 | | | | 专 利 名 称 | | | | | | | | | | | | | | | | | 类 别 | | | | | | | | | | | | 专利证书号 | | |
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| **6.建设周期前三年科研成果转化情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 转化人 | | | | 转化成果名称 | | | | | | | | | | | | | | | | | 转化成果服务量 | | | | | | | | | | | | 转化成果创造价值（万元） | | |
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| 注：科研成果转化不包括发表书籍、发明护具等与专科技术提高无关的专著、专利。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **（五）现有设备及配套** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1．专用设备（50万元以上）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 仪器设备名称 | | | | | | | 型号规格 | | | | 生产厂家 | | | 购买  日期 | | | | | | | | | | | | 金额（万元） | | | | | | | | 运行状况 | |
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| **2．相关科室配套设施（50万元以上）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 仪器设备名称 | | | | | | | 型号规格 | | | | 生产厂家 | | | 购买  日期 | | | | | | | | | | | | 金额（万元） | | | | | | | | 使用情况 | |
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| **三、建设周期三年项目资金使用计划** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （一）拟筹集资金总额 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 拟争取上级项目资金（万元） | | | | | | |  | | | | 拟配套建设资金  （万元） | | | | | | | | | | | | | | |  | | | | | | | | | |
| （二）建设周期三年资金使用计划 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年 度 | | 使用项目 | | | | | | | | | 预算金额（万元） | | | | | | | | | | | | | | | 备注 | | | | | | | | | |
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| 注：1、单位配套资金按照上级项目资金至少1:1配套。  2、对于拟争取资金和配套资金，单位可在300万元以内按照实际建设需求申报。  3、三年资金使用计划应细化到年度、具体项目和金额，其中如果第一年度出现特殊原因无法按计划完成，第二、第三年度可根据第一年度建设情况进行调整，但第三年度应确保达到三年度建设总目标。  4、项目资金使用计划应注意合理分配人才进修培养、柔性及刚性引进人才、设备购买、科室环境优化、新技术新项目开展等方面资金使用占比，年度评估及三年验收时将作为评价指标之一。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **四、申报项目专科国内（省内）领先技术清单** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 技术（服务）项目名称 | | | | | | | 技术级别 | | | | 国内开展单位名称 | | | | | | | | | | | | | | | | | | | | | | | | |
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| 注：申报项目专科国内（省内）领先技术为申报专科所在领域能代表国内（省里）最高水平、最前沿技术、最新开展的检查、治疗、检测项目或服务项目。**每个申报专科至少填报5项。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 项目建设三年规划、重点发展目标及创新发展举措（三年验收时将作为参考标准）：    项目负责人（签字：）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **承诺声明：**  **本人承诺所提供的资料真实、有效。本人承诺切实按照项目建设要求，认真履职，按照规定时限完成项目建设任务，并愿意承担相关责任，**  项目负责人（签字）：  年 月 日  单位意见：    单位法定代表人签字：  （单位公章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主管部门或举办主体意见（非市卫生健康委预算单位填写）：  负责人签字：  （单位公章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 市卫生健康委初审意见：  负责人签字：  （单位公章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |