附件4

**山东省中医药重点实验室**

**申 报 书**

实验室名称：

实验室主任：

建设单位（公章）：

合作单位1（公章）：

合作单位2（公章）：

合作单位3（公章）：

联系电话：

申 报 日 期：

山东省卫生健康委员会

山东省中医药管理局

填 表 说 明

1.本表作为山东省中医药重点实验室申请用。

2.《申报书》各项填写内容如页数不够，可加附页。

3.本表须如实填写，并经主要负责人审核。

4.表内项目没有的，一律置空；表内内容一律打印。

5.科研获奖排名：如6人合作，个人排名第一，应为“1/6”； 若独立，应为“1/1”或“独立”。

6.论著：填近5年来（2017年至今）发表的本专业的论文、著作等，注明发表的时间、刊物名称、期号等。

7.新技术、新方法、效益：指引进开展的新技术、新业务，取得的经济、社会效益。

8.主要佐证材料包括：所有科研立项证明、科研获奖证书、科研成果鉴定证书、专利证书及主要论文（限20篇）复印件，按照所列填表项目顺序依次排列，附在申报书后，装订成册。

一、基本情况

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| 重点实验室  名称 | |  | | | | | | | | | | | | | | | | | | | 实验室成立时间 | | | | | |  | | | | | |
| 实验室研究方向（不超过三个） | | 方向1： | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 方向2： | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 方向3： | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 建设单位 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通讯地址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 邮编 | |  | | | | | | | 电话 | | | | | |  | | | | | | | | | 传真 | | | | | |  | | |
| 电子邮箱 | |  | | | | | | | | | | | | | | | | | | | | | | 联系人 | | | | | |  | | |
| 第一合作单位 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通讯地址 | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | |
| 邮编 | |  | | | | | | | | 电话 | | | | | |  | | | | | | | | 传真 | | | | | |  | | |
| 电子邮箱 | |  | | | | | | | | | | | | | | | | | | | | | | 联系人 | | | | | |  | | |
| 第二合作单位 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 邮编 | |  | | | | | | | | 电话 | | | | | |  | | | | | | | | 传真 | | | | | |  | | |
| 电子邮箱 | |  | | | | | | | | | | | | | | | | | | | | | | 联系人 | | | | | |  | | |
| 第三合作单位 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通讯地址 | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | |
| 邮编 | |  | | | | | | | | 电话 | | | | | |  | | | | | | | | 传真 | | | | | |  | | |
| 电子邮箱 | |  | | | | | | | | | | | | | | | | | | | | | | 联系人 | | | | | |  | | |
| 固定人员专业技术人员年龄、职称分布情况（人） | | | 年龄  技术职称 | | | | | | | 合 计 | | | | 35岁以下 | | | | 35-44岁 | | | | 45-54岁 | | | | 55-59岁 | | | | | 60岁  以上 | |
| 高级职称 | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | |
| 副高级职称 | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | |
| 中级职称 | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | |
| 初级职称 | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | |
| 固定人员学位  情况（人） | | | 博士 | |  | | | | | 硕士 | | | |  | | | | 学士 | | | |  | | | | 其他 | | | | |  | |
| 实验室固定人员名单 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 研究方向 | | | 姓名 | | | | 性别 | | | 年龄 | | 学位 | | | | 职称 | | | 所学  专业 | | | | | 现从事  专业 | | | | 在实验室工作时长（月） | | | 类型 |
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| 注：（1）固定人员类型包括研究人员、技术人员、管理人员三种类型，应为所在依托聘用的聘期2年以上的全职人员。（2）“在实验室工作时长”栏中填写每人每年实际在实验室工作时长，以“月”计算。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 人才培养  情况（人） | | | 2019年 | | | | | | | | | 2020年 | | | | | | | | | | | 2021年 | | | | | | | | | |
| 招生数 | | | 毕业数 | | | | | | 招生数 | | | | | | | 毕业数 | | | | 招生数 | | | | | 毕业数 | | | | |
| 硕士点 | | |  | | |  | | | | | |  | | | | | | |  | | | |  | | | | |  | | | | |
| 博士点 | | |  | | |  | | | | | |  | | | | | | |  | | | |  | | | | |  | | | | |
| 接收省外进修人次数 | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |
| 接收省内进修人次数 | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |
| 住院医师规范化培训人数 | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |
| 国家级  继教项目 | | | 项目数 | | | 培训人次 | | | | | | 项目数 | | | | | | | 培训人次 | | | | 项目数 | | | | | 培训人次 | | | | |
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| 省级  继教项目 | | |  | | |  | | | | | |  | | | | | | |  | | | |  | | | | |  | | | | |
| 适宜技术推广 | | |  | | |  | | | | | |  | | | | | | |  | | | |  | | | | |  | | | | |

二、实验室主任和方向带头人情况

（一）实验室主任

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| 实验室主任姓名 | |  | | 性别 |  | 出生年月 |  | 最高学历 |  |
| 专业技术职称 | | |  | | | 行政职务 |  | 毕业时间 |  |
| 从事专业 | | |  | | | 研究生  导师 | 🗌博导 🗌硕导 🗌否 | | |
| 研究方向 | | |  | | | | | | |
| 联系电话 | | | 办公电话：  手机： | | | Email |  | | |
| 个人简历 |  | | | | | | | | |
| 学术团体兼职及职务、获得荣誉及主要业绩（代表性成果、论文等）情况 |  | | | | | | | | |

（二）方向带头人

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 方向带头人1姓名 |  | | | 性别 |  | 出生年月 |  | 最高学历 |  |
| 专业技术职称 | | |  | | | 行政职务 |  | 毕业时间 |  |
| 从事专业 | | |  | | | 研究生  导师 | 🗌博导 🗌硕导 🗌否 | | |
| 研究方向 | | |  | | | | | | |
| 联系电话 | | | 办公电话：  手机： | | | Email |  | | |
| 个人简历 |  | | | | | | | | |
| 学术团体兼职及职务、获得荣誉及主要业绩（代表性成果、论文等）情况 |  | | | | | | | | |
| 方向带头人2姓名 |  | | | 性别 |  | 出生年月 |  | 最高学历 |  |
| 专业技术职称 | | |  | | | 行政职务 |  | 毕业时间 |  |
| 从事专业 | | |  | | | 研究生  导师 | 🗌博导 🗌硕导 🗌否 | | |
| 研究方向 | | |  | | | | | | |
| 联系电话 | | | 办公电话：  手机： | | | Email |  | | |
| 个人简历 |  | | | | | | | | |
| 学术团体兼职及职务、获得荣誉及主要业绩（代表性成果、论文等）情况 | |  | | | | | | | | |
| 方向带头人3姓名 | | |  | | 性别 |  | 出生年月 |  | 最高学历 |  |
| 专业技术职称 | | | |  | | | 行政职务 |  | 毕业时间 |  |
| 从事专业 | | | |  | | | 研究生  导师 | 🗌博导 🗌硕导 🗌否 | | |
| 研究方向 | | | |  | | | | | | |
| 联系电话 | | | | 办公电话：  手机： | | | Email |  | | |
| 个人简历 | |  | | | | | | | | |
| 学术团体兼职及职务、获得荣誉及主要业绩（代表性成果、论文等）情况 | |  | | | | | | | | |

三、近5年（2017年至今）科研立项情况

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| --- | --- | --- | --- | --- | --- | --- |
| 序号 | 项目名称 | 编号 | 项目来源 | 经费  （万元） | 负责人 | 起止时间 |
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四、近5年（2017年至今）科研获奖情况

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| 序号 | 获奖  年度 | 授予部门 | 成果名称 | 奖励类别 | 奖励等级 | 实验室获奖人员及排序 | 备注 |
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五、近5年（2017年至今）完成科研成果鉴定/结题/验收情况

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| 序号 | 科研成果名称 | 项目  来源 | 经费  （万元） | 固定人员及  排序 | 组织鉴定/结题/验收单位 | 鉴定/结题/验收时间 | 成果  水平 |
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六、近5年（2017年至今）发表论文、主编或参编论著情况

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 论文或著作名称 | 固定人员及排序 | 期 刊 或  出版社名称 | 年，卷（期）起止页或出版年月 | 期刊  影响因子 | 论文他引频次 | 备注 |
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七、近5年（2017年至今）知识产权情况表

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| 序号 | 类型 | 知识产权名称 | 授权/申请 | 授权/申请编号 | 授权/申请/批准时间 | 实验室固定人员 | 备注 |
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注：“类型”包括“发明专利”、“实用新型专利”、“外观设计专利”、“国际标准”、“国家标准”、“行业标准”、“地方标准”、“团体标准”“新药证书”、“药物临床试验批件”“医疗器械注册证书”、“医疗器械临床试验批件”、 “动植物新品种审定”、 “植物新品种权” 、“软件著作权”、“医疗机构中药制剂注册批件或备案号”等。

八、近5年（2017年至今）参加主要学术交流、会议情况

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| 序号 | 学术交流、会议名称 | 主办方单位名称 | 时间 |
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九、实验室成员在学术组织和医学期刊任职情况

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| --- | --- | --- | --- |
| 序号 | 姓 名 | 学术组织和医学期刊名称、级别 | 所任职务 |
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十、实验室主要专业仪器设备及科研用房面积情况

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| 序号 | 名 称 | 规格型号 | 产 地 | 单价（万元） | 数量 |
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|  | 科研用房面积 | 平方米 | | | |

十一、近5年（2017年至今）开展新技术、新方法及效益情况

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十二、申报优势和理由

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| 阐明目前实验室定位、研究方向、队伍建设与人才培养、研发条件、支撑学科发展、整体水平及发展优势等 |

十三、实验室建设总体目标、主要建设内容及保障措施

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| 包括总体思路、建设目标、建设任务、主要的建设项目及投资情况、与合作单位合作情况、开放共享、运行管理（含安全及应急管理等）、保障措施等（4000字以内） |

十四、申报及审批意见

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| 单位意见 | **（一）实验室建设单位意见**  要求：1.承诺该申报资料的真实性、完整性和内容的客观性等。  2.承诺单位匹配经费到位。  　 单位：（公章）  年 月 日 |
| 合作单位意见 | 第1合作单位（公章） 第2合作单位（公章） 第3合作单位（公章）  负责人（签章） 负责人（签章） 负责人（签章）  年 月 日 年 月 日 年 月 日 |
| 主管部门意见 | 要求：1.重点审查资料的真实性、完整性，内容的客观性等。  2.承诺地方匹配经费到位。  　　　　　　　　负责人签名： 单位印章：  　　　　　　　　　　　　　　　　　　　　　　年 月 日 |