愛媛臨床検査技師会誌投稿シート

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| 論文分類 | 総説 | | 原著 | | 技術論文 | | | | | | 資料 | 症例報告 | | | | | 技術講座 | | | | その他（　） | | | |
| 専門分野 | 微生物 | | | 免疫血清 | | | | 血液 | | | 臨床化学 | | | 病理細胞 | | | | | 生理 | | 一般 | | | 公衆衛生 |
| 輸血 | | | 情報システム | | | | | | 遺伝子・染色体 | | | 管理運営 | | | | | チーム医療 | | | | その他（　　） | | |
| 表　題 |  |  | | | | | | | | | | | | | | | | | | | | | | |
| キーワード | 1 |  | | | | | | | | | | | | 2 |  | | | | | | | | | |
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| 会員番号 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 筆頭執筆者 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 所属施設名  （所属部課名） |  | | | | | | | | | | | | | | | | | | | | | | | |
| 所属施設所在地  （住所） | 〒　　　― | | | | | | Tel（　　　　）-（　　　　　）-（　　　　　） | | | | | | | | | | | | | | | |  | |
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| 利益相反：COI | 有し | | | 無し | | 本人 | | | | | 親族 | | 会社名 | | |  | | | | | | | | |
| 倫理審査承認 |  | | | 有り | | | | | 無し | | | | 審査承認番号※１ | | | | | | |  | | | | |
| 医学文献電子配信※2 |  | | | 可 | | | | | 不可 | | | | 投稿原稿：この原稿は他誌への掲載はありません． | | | | | | | | | | | |

連名執筆者

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| **氏名（自署）** | | | 会員番号 | | | | | 所属施設名/所属部課名/連絡先（E-mail※３） | | | | | | | | | | | | | | | |
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| **自署** |  | | E-mail： | | | | |  | | | | | | | | | | |
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| 筆頭執筆者  連絡先（住所） | | 〒 ― | | | | | | Tel　　　― ― | | | | | | | | | | E-mail | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| 別冊原稿 | | 30部（無料） | | | | | | 有料 |  | | | | | 部 | 送付先 | | | | 1所属施設 | | | 2.連絡先（筆頭執筆者住所） | |
| 原稿枚数：半角 | | 総枚数 |  | | 表 |  | 図 | |  | | | 写真 | | |  | |  | | | | | | |
| 事務処理※4 | | 採 | | 否 | | | | 確認日付 | | | | | |  | | 年 | | | | 月 | 日 |  | |

※１：倫理審査委員会の承認番号がある場合は，記載してくだざい．

※２：医学文献電子配信への公開が可能の可否について記入してください．

※３：連絡可能なメールアドレスを記載してください．

※４：太枠内は記入しないでください．

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