***Anexo IV: Formulario del Registro Centralizado de Proyectos de Investigación***

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| **Título** |  | **ID** |
| **Institución** |  |
| **Servicio** |  | (NO LLENAR) |

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| **Investigador****Principal** | Apellido y Nombres | Servicio | GCBA | Conducción | En formación | Carrera investigador |
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| **Correo electrónico** |  |

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| **Financiación** | **Fuente**  |  | **Sector** |  |  | **Industria farmacéutica** |
|  | Sin financiación |  |  |  | Público |  |  | Si |  |  |  |
|  | Nacional |  |  |  | Privado |  |  | No |  |  |  |
|  | Extranjera |  |  |  | Otros |  |  |  |  |  |  |
|  | Financiador | . |

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| **Póliza de seguro (de corresponder)** |  | **Empresa** |  | **N°** |  |

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| **Investigación**   |  |  |  |  |  |  |  |  |  |  |  |
| Básica  |  |  |  | Exp. en Animales |  |  |  | Epidemiológica  |  |  |  |
| Investigación Clínica  |  |  |  | Ciencias Sociales |  |  |  | Servicios de Salud  |  |  |  |
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| **Alcance** |  |  |  |  |  |  |  |  |  |  |  |
| Multicéntrico internacional |  |  |  | Multicéntrico nacional  |  |  |  | Limitado al hospital  |  |  |  |
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| **Diseño** (sólo para Investigación Clínica y Epidemiológica) |
| 1.Observacional |  |  |  | 2.Experimental  |  |  |  |  |  |  |  |  |  |  |  |
| 1.1.descriptivo |  |  |  | 2.1. Ensayo drogas/dispositivos  |  |  |  |  |  |  |  |  |  |  |  |
| 1.2.analítico |  |  |  | fase I |  |  | fase II |  |  | fase III  |  |  | fase IV |  |  |
| 1.2.1.Corte transversal |  |  |  | 2.2. No drogas/dispositivos  |  |  |  |  |  |  |  |  |  |  |  |
| 1.2.2. Caso–control |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.2.3. Cohorte  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Filtro metodológico** |
| Etiología-Daño  |  |  | Riesgo-Pronóstico |  |  | Diagnóstico |  |  | Terapéutica |  |  | Rev. Sistemática |  |

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| **Fecha presentación** |  | **Nº de pacientes a reclutar en el hospital** |  | **Tiempo estimado de duración del proyecto (meses)** |
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|  | SI |  | NO |  |  |  |  |  |  |
| Consentimiento Informado: |  |  |  |  |  |  |  |
| Autorización Jefe \* |  |  |  |  | Fecha: | \_\_/\_\_/\_\_\_\_ |  |  |  |
| Aprobación del CODEI \*\*  |  |  |  |  | Fecha: | \_\_/\_\_/\_\_\_\_ |  |  |  |
| Aprobación del CEI |  |  |  |  | Fecha: | \_\_/\_\_/\_\_\_\_ |  |  |  |
| Disposición autorizante Director  |  |  |  |  | Fecha: | \_\_/\_\_/\_\_\_\_ |  | N°: |  |
| *\* En caso de corresponder* |
| *\*\* o Comité de Revisión Institucional, en caso de corresponder* |

A COMPLETAR POR LA DIRECCION GENERAL DE DOCENCIA E INVESTIGACIÓN

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| Aprobación ANMAT |  |  |  |  | Fecha: | \_\_/\_\_/\_\_\_\_ |  | N°: |  |
| Convenio GCBA |  |  |  |  | Fecha: | \_\_/\_\_/\_\_\_\_ |  | N°: |  |
| Registro Público |  |  |  |  | Fecha: | \_\_/\_\_/\_\_\_\_ |  | N°: |  |

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| Finalizado |  | si |  | no |  |  | Fecha de finalización | \_\_/\_\_/\_\_\_\_ |
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| Informe final |  | si |  | no |  |  | Publicación |  |
|  |  |  |  |  |  |  |  |  |
|  Suspendido |  | si |  | no |  |  | Fecha de suspensión | \_\_/\_\_/\_\_\_\_ | Causa: |  |