***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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| 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 |  | | | | | |
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| Suspendido |  | si |  | no |  |  | Fecha de suspensión | | \_\_/\_\_/\_\_\_\_ | | Causa: | |  |