附件1

河南省医学科技攻关计划

项目总结验收报告

**项目编号：**

**项目名称：**

**项目负责人：**

**所在单位：**

**计划完成时间：**

**实际完成时间：**

河南省卫生健康委员会

年 月

**项目总结信息表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **项目名称** | | | | |  | | | | | | | | | | | | | | **项目编号** | | | | | |  | | | | |
| **项目申报单位** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **通讯地址** | | | | |  | | | | | | | | | | | | | | | **邮政编码** | | | | | | | |  | |
| **联系电话** | | | | |  | | | | | | | | | | Email | | |  | | | | | | | | | | | |
| **项目类型** | | | | | **01临床研究 02预防医学研究 03护理学研究 04 药学 05其它** | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目执行情况** | | | | | **01按期完成 02提前完成 03延期完成 04延期 05撤消** | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目完成情况** | | | | | **01达到预期指标 02超过预期指标 03未达到预期指标** | | | | | | | | | | | | | | | | | | | | | | | | |
| **拖延或撤消的原因** | | | | | **01技术变化 02计划性调整 03技术性障碍04设备材料推迟交付05协作关系影响06经费未到位 07技术骨干变动08管理不善 09不可抗拒因素 10其他** | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目投入情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **参加单位数** | | **人数** | | **高级职称** | | | **中级职称** | **初职称级** | | | | | **其他人员** | **博士** | | | **硕士** | | | | | **学士** | | | | **其他学历** | | | |
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| **项目投入总经费**  **万元人民币，其中：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **省卫计委累计拨款** | | | | | | | | | | | | | | | **争取其他科技计划拨款** | | | | | | | | | | | | | | |
| **单位匹配资金累计** | | | | | | | | | | | | | | | **累计贷款经费** | | | | | | | | | | | | | | |
| **累计投入其他经费** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **项目收益情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **完成论著** | **学术会议**  **（篇）** | | | | | **论文（篇）** | | | | | | | | | | | | | | | | | **论著（册）** | | | | | | |
| **SCIE、IE收录** | | | | | | **核心期刊** | | | **其他** | | | | | | | | **已出版** | | | | | | **待出版** |
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| **人才培养** | **个人**  **提升** | |  | | | **学位** | | | | | **职务（职称）** | | | | | **资助后获荣誉情况** | | | | | | | | | | | | | |
| **资助前** | | |  | | | | |  | | | | | **国家级** | | | | | **省部级** | | | | | | **市厅级** | | |
| **资助后** | | |  | | | | |  | | | | |  | | | | |  | | | | | |  | | |
| **培养人才**  **（人）** | | **博 士 后** | | | | | | | **博 士** | | | | | | **硕士** | | | | | | | | **学术交流（人/次）** | | | | | |
|  | | | | | | | **已获学位** | | | | | | **已获学位** | | | | | | | | **国外** | | | | | |
| **在 读** | | | | | | **在 读** | | | | | | | | **国内** | | | | | |
| **学科建设** | | | **产生新的学科** | | | | | | **对学科发展产生重要影响** | | | | | | | | | **厅级及以上重点实验室** | | | | | | | | | | | |
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| **申请发明专利总项数**  **其中国外** | |  | | **发明专利授权总项数**  **其中国外** | | |  |
|  | |  |
| **获各类科技奖情况** | **名称** | | **一等（项）** | | **二等（项）** | **三等（项）** | **合计（项）** |
| **国家自然科学奖** | |  | |  |  |  |
| **国家科学技术进步奖** | |  | |  |  |  |
| **国家技术发明奖** | |  | |  |  |  |
| **中华医学科技奖** | |  | |  |  |  |
| **河南省科学技术进步奖** | |  | |  |  |  |
| **河南省医学科学技术进步奖** | |  | |  |  |  |
| **河南省医学新技术引进奖** | |  | |  |  |  |
| **河南省教育厅科技成果奖** | |  | |  |  |  |
| **省辖市科学技术进步奖** | |  | |  |  |  |
| **其它** | |  | |  |  |  |
| **总计** | |  | |  |  |  |

**项目执行情况综述**

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| **（主要包括：1.项目任务合同规定的任务、考核目标完成情况；2取得的成果、论文、论著、专利等具体成果；3.主要创新点；4、成果转化应用情况及经济、社会效益分析；5.项目对学科建设、行业技术进步和新兴产业培育等方面的推动作用）** |

**主要参加单位、完成人员**

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| **项目主要参加单位** | | | | | | | |
| **单位名称** | | | | | | **单位性质** | |
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| **项目负责人** | | | | | | | |
| **姓名** | **性别** | **出生年月** | **职务/**  **职称** | **为本项目工作时间（人年）** | **对项目的主要贡献** | | **所在单位** |
|  |  |  |  |  |  | |  |
| **其他主要参加人员** | | | | | | | |
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| **合计： 人** | | | | | | | |

**项目研究期间获得的成绩目录（相关证明材料复印件加盖单位公章附后）**

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| **序号** | **类型** | **专著/论文名称** | **本人排名** | **发表/出版时间** | **影响因子** |
| **1** | **专著** |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **2** | **期刊论文** |  |  |  |  |
|  | **SCIE/IE** |  |  |  |  |
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|  | **核心期刊** |  |  |  |  |
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|  | **其他期刊** |  |  |  |  |
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| **3** | **会议论文** |  |  |  |  |
|  | **国际会议** |  |  |  |  |
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|  | **全国性会议** |  |  |  |  |
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|  | **地方性会议** |  |  |  |  |
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| **4** | **专利** |  |  |  |  |
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| **5** | **成果** |  |  |  |  |
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**经费使用情况**

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|  | | **金额（万元）** | | **备注** |
| **获得资助经费总额** | |  | | **单位资助 万元** |
| **其 它 万元** |
| **经费支出明细** | **仪器设备费** |  | |  |
| **实验材料费** |  | |  |
| **科研协作费** |  | |  |
| **实验动物费** |  | |  |
| **科研业务费** |  | |  |
| **其它费用** |  | |  |
| **经费结余** | |  | |  |
| **其它需说明的问题** | | | **项目负责人签字：**  **年 月 日** | |
| **财务负责人签字：**  **年 月 日** | |

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| **项目所在单位意见**  **签 章**  **年 月 日** |
| **上级主管单位意见**  **签 章**  **年 月 日** |
| **河南省卫生健康委员会意见**    **签 章**  **年 月 日** |