**財團法人演譯基金會美兆健康資源中心**

**健康資料申請書**

**申請編號**(申請者不須填寫)**：**

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| **申請類別** | | | | | | | | |
| **□ 一般申請案 □ 產業申請案** | | | | | | | | |
| **計畫主持人/專案負責人基本資料** | | | | | | | | |
| **姓名** | |  | | | | | | |
| **學校/機構名稱** | |  | | | | | | |
| **所屬科系/部門** | |  | | | | **職稱** | |  |
| **電子郵件** | |  | | | | | | |
| **聯絡電話** | |  | | | | | | |
| **聯絡地址** | |  | | | | | | |
| **計畫共同主持人/專案共同負責人**  **（以五人為上限，若無免填、不足請自行複製欄位填寫）** | | | | | | | | |
| **姓名** | | | **機構/單位** | | **職稱** | | | **聯絡電話/ E-mail** |
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|  | | |  | |  | | |  |
| **其他實際使用資料之成員**  **（若無免填、不足請自行複製欄位填寫）** | | | | | | | | |
| **姓名** | | | **機構/單位** | | | | **職稱** | |
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| **計畫/專案相關資訊** | | | | | | | | |
| **名稱** |  | | | | | | | |
| **摘要** | （250字以上） | | | | | | | |
| **關鍵字** | （5個以內） | | | | | | | |
| **聯絡人** | | | | | | | | |
| **姓名** |  | | | | | | | |
| **聯絡電話** |  | | | | | | | |
| **電子郵件** |  | | | | | | | |
| **申請資料內容** | | | | | | | | |
| **資料庫類別** | | **申請變項** | | | | **備註** | | |
| **□ 健康數據** | |  | | | |  | | |
| **□ 健康問卷** | |  | | | |  | | |
| **資料檔案格式** | | **□ CSV □ STATA □ SAS** | | | | | | |
| **資料使用期限** | | 自核發通過證明日期後二年，期限屆滿得展延半年。 | | | | | | |
| **計畫/專案期間** | |  | | **經費來源** |  | | | |