別紙７

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| 腎移植症例申立書 | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| １　腎移植症例数等 | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| (１) 腎移植臨床従事期間　　自 年　　　月 | | | | | | | | |  | | | | |
|  | | | | | | | | | （ 計　　　年　　　か月 ） | | | | |
| 至 年　　　月 | | | | | | | | |  | | | | |
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| (２) 腎移植症例数 | | | | | 件 | | | | | | | | |
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| ２　腎移植症例（直近の３症例について記載してください。） | | | | | | | | | | | | | |
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|  | 症例１ | | 初診日 | | | 年　　月　　日 | | | | | | |  |
|  | 初診時年齢 | | | 歳 | | | | | | |  |
|  | 診断 | | |  | | | |  | | |  |
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|  | 治療方針 | | |  | | | |  | | |  |
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|  | 治療経過 | | |  | | | |  | | |  |
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|  | | 症例２ | | 初診日 | | | 年　　月　　日 | | | | | |  |
|  | | 初診時年齢 | | | 歳 | | | | | |  |
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|  | | 治療方針 | | |  | | | |  | |  |
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|  | | 治療経過 | | |  | | | |  | |  |
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|  | | 症例３ | | 初診日 | | | 年　　月　　日 | | | | | |  |
|  | | 初診時年齢 | | | 歳 | | | | | |  |
|  | | 診断 | | |  | | | |  | |  |
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|  | | 治療経過 | | |  | | | |  | |  |
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| 上記に相違ありません。 | | | | | | | | | | | | | |
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|  | | | | | | | | 年　　　月　　　日 | | | | | |
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|  | | | | | | | | 医療機関名 | | | | | |
|  | | | | | | | |  | | | | | |
|  | | | | | | | | 医師名 | | | |  | |