**แบบ****ฟอร์มขอดำเนินโครงการวิจัยในหน่วยบริการ OPD ของภาควิชาเวชศาสตร์ครอบครัว**

**คณะแพทยศาสตร์ มหาวิทยาลัยเชียงใหม่**

|  |  |
| --- | --- |
| วัน เดือน ปี |  |
| ชื่อโครงการวิจัย | ........................................................................................................................................................................................................................................  ........................................................................................................................................................................................................................................  ........................................................................................................................................................................................................................................  ........................................................................................................................................................................................................................................ |
| ผู้รับผิดชอบโครงการสังกัด  เบอร์โทรศัพท์ที่ติดต่อ | ........................................................................................................................................................................................................................................  ........................................................................................................................................................................................................................................  ........................................................................................................................................................................................................................................ |
| เจ้าหน้าที่รับประสานงาน | ........................................................................................................................................................................................................................................ |
| กิจกรรมที่ดำเนินงาน  ในหน่วยบริการ OPD | 1. งานวิจัยทำอะไรกับผู้ป่วยใน OPD  ........................................................................................................................................................................................................................................  ........................................................................................................................................................................................................................................  ........................................................................................................................................................................................................................................  ........................................................................................................................................................................................................................................  ........................................................................................................................................................................................................................................  2. แพทย์/เจ้าหน้าที่ใน OPD ต้องช่วยอย่างไร  ........................................................................................................................................................................................................................................  ........................................................................................................................................................................................................................................  ........................................................................................................................................................................................................................................  ........................................................................................................................................................................................................................................  ........................................................................................................................................................................................................................................  ........................................................................................................................................................................................................................................  3. จำนวนผู้ป่วยในการเก็บข้อมูล.............................................................................................................................................คน  4. ช่วงระยะเวลาดำเนินโครงการ....................................................................................................................................................  5. วันที่เริ่มเก็บข้อมูล.................................................................................................................................................................................. |