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

**คณะแพทยศาสตร์ มหาวิทยาลัยเชียงใหม่**

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| วัน เดือน ปี |  |
| ชื่อโครงการวิจัย | ................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................ |
| ผู้รับผิดชอบโครงการสังกัดเบอร์โทรศัพท์ที่ติดต่อ | ........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................ |
| เจ้าหน้าที่รับประสานงาน | ........................................................................................................................................................................................................................................ |
| กิจกรรมที่ดำเนินงานในหน่วยบริการ OPD | 1. งานวิจัยทำอะไรกับผู้ป่วยใน OPD ........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................2. แพทย์/เจ้าหน้าที่ใน OPD ต้องช่วยอย่างไร................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................3. จำนวนผู้ป่วยในการเก็บข้อมูล.............................................................................................................................................คน4. ช่วงระยะเวลาดำเนินโครงการ....................................................................................................................................................5. วันที่เริ่มเก็บข้อมูล.................................................................................................................................................................................. |