附件：

**天津市肿瘤医院 人工智能辅助治疗技术**

**进修报名表**

填表日期： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | | | | | **性别** | | | |  | | | | | | | | **年龄** | |  | | | | | | 照片  （加盖医院公章） | |
| **身份证**  **号码** |  |  |  | |  |  | |  |  | | |  |  |  | | |  |  | |  |  |  | |  |  |  |
| **医院** | | | |  | | | | | | | | | | | **科室** | | | | | |  | | | | | |
| **参加工作时间** | | | |  | | | | | | | | | | | **职称** | | | | | |  | | | | | |
| **主诊医师**  **任职年限** | | | |  | | | | | | | | | | | **联系电话** | | | | | |  | | | | | | | |
| **所在医院是否**  **开展该项技术** | | | |  | | | | | | **微创手术**  **年限** | | | | | |  | | | | | | | **微创手术**  **完成例数** | | | | |  |
| **拟开展机器人手术方向** | | | | □ 头颈肿瘤 □ 肺部肿瘤 □ 食管肿瘤  □ 胃部肿瘤 □ 泌尿肿瘤 □ 妇科肿瘤 | | | | | | | | | | | | | | | | | | | | | | | | |
| **申报单位意见** | | | | （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |
| **培训单位审批意见** | | | | （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |