**DOKTRANT**

1. Imię i nazwisko:
2. Ukończone studia:
3. Miejsce pracy:
4. Działalność naukowa: prace oryginalne:
5. Dziedzina nauki medyczne i nauki o zdrowiu
6. Dyscyplina nauki medyczne/ nauki farmaceutyczne / nauki o zdrowiu

**PROMOTOR**

1. Stopień, imię, nazwisko

2. Miejsce pracy:

**PROMOTOR POMOCNICZY:**

TEZY PRACY DOKTORSKIEJ

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**Cel pracy**

**1.**.................................................................................................................................................................................................................................................................................................................

**2**..................................................................................................................................................................................................................................................................................................................

Zgoda na badania udzielona została przez Komisję Bioetyczną w......................................................... nr. ..........................................................

**Grupa badana**
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**Materiał**
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**Metody**

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**Wstępne wyniki**

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