様式１－２

感染救済給付用

**医療費・医療手当請求書**

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| ⑴ | フリガナ | | | |  | | | | | | | | | | | | | | | | | 男  女 | | | ⑵ | | |  | | | | 明治  大正  昭和  平成  令和 | | | | |  | 年 | | |  | | 月 | |  | | 日 | | | |  | | | | | 歳 | | |
|  | 請求者の氏名 | | | |  | | | | | | | | | | | | | | | | | 生年月日  及び年齢 | | | | | | |
| ⑶ | フリガナ | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 電　話 | | | | | | | | | | | | | | | | | | |
|  | 現　住　所 | | | | ( 〒 | | | |  | | － | |  | | | ) |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | ( | |  | | | | ) | |  | | | | | | |
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| ⑷ | 生物由来製品等を介した感染等による  ものとみられる疾病の名称又は症状 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (4-1)⑷の疾病の原因とみられるもの | | | | | | | | | | | | | | 生物由来製品・再生医療等製品・2次感染等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2次感染等  の場合 | | | (4-2) | | | | | フリガナ | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1次感染者の氏名 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (4-3)請求者と(4-2)の者との身分関係 | | | | | | | | | | | | | | | | | 配偶者・親族・その他( | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | ) |
| (4-4)(4-2)の者の感染救済給付の有無 | | | | | | | | | | | | | | | | | 有 (受給者番号： | | | | | | | | | | |  | | | | | | | | | | | | | | | | )・無 | | | | | | | | | | | |
| ⑸ | ⑷の疾病の原因とみられる生物由来製品等とその入手・使用場所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 生物由来製品等の名称 | | | | | | 医療機関等の名称 | | | | | | | | | | | | 所在地 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ⑹ | (4)の疾病の発現に影響を及ぼしたとみられる医薬品とその入手・使用場所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医薬品名 | | | | | | 医療機関等の名称 | | | | | | | | | | | | 所在地 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ⑺ | ⑷の疾病について医療を  受けた病院、診療所又は  薬局の名称及び所在地 | | | | | 医療機関等の名称 | | | | | | | | | | | | 所在地 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ⑻ | ⑷の疾病について  診療を受けた日数 | | | | |  | | | | | | | | | | | |  | | | 年 | | |  | | 月分 | | | |  | | | 年 | |  | | | | 月分 | | |  | | | 年 | | |  | | | | | 月分 | | | | | |
| 入院外診療実日数 | | | | | | | | | | | |  | | | | | | | | | 日 | | |  | | | | | | | | | 日 | | |  | | | | | | | | | | | | 日 | | | | |
| 入院実日数 | | | | | | | | | | | |  | | | | | | | | | 日 | | |  | | | | | | | | | 日 | | |  | | | | | | | | | | | | 日 | | | | |
| ⑼ | ⑷の疾病について要した医療費のうち医療保険等の自己負担額分 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 円 | | | |
| ⑽ | ⑷の疾病について当機構からの医療費・医療手当の受給の有無 | | | | | | | | | | | | | | | | | 有 (受給者番号： | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | )・無 | | | | | | | | | | | |
| ⑾ | ⑸の生物由来製品等による副作用救済給付の有無 | | | | | | | | | | | | | | | | | 有 (受給者番号： | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | )・無 | | | | | | | | | | | |
| ⑿ | ⑷の疾病について訴訟又は示談の有無 | | | | | | | | | | | | | | | | | 有 ( 刑事事件　民事事件　和解　示談 )・無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ⒀ | 救済制度に関する情報の入手経路について | | | | | | | | | | | | | | | | | | 医師　歯科医師　薬剤師　その他の医療機関職員 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 新聞・TV等　その他( | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | ) | |
| 上記のとおり、請求に係る疾病について要した医療費・医療手当の支給を受けたく、必要書類を添えて請求します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 令和 | |  | | 年 |  | | 月 | | |  | | 日 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 請求者氏名 | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 独立行政法人　医薬品医療機器総合機構　理事長　殿 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

救済給付に係る情報（請求者の個人情報を除く。）は、「医薬品、医療機器等の品質、有効性及び安全性の確保等に関する法律」第68条の10第3項の規定に基づき、安全対策に利活用されますので、予めご了承下さい。

(8)欄　　別 紙

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|  | (氏名 |  | ) |
|  | (住所 |  | ) |

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