**附件4**

**临床试验涉及检查项目登记表**

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| **专业名称** |  | | **主要研究者** |  | | | | **Sub-I** |  | |
| **申办者** |  | | | | **CRO** |  | | | | |
| **试验名称** |  | | | | | | | | | |
| **方案编号** |  | | | | | | | | | |
| **涉及检查项目** | | | | | | | | | | |
| **检查项目1** | | **检查地点2** | | | | | **能否溯源** | | | **溯源地点** |
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| 备注：   1. 检查项目：检查项目应包含流程图中涉及的所有检查，包括实验室检查、影像学检查、心电图、病理学检查等，请按照方案列出。 2. 检查地点：XXX中心实验室、本院检验科、本院影像科、本院心内科、本院病理科、科室仪器检测等。 | | | | | | | | | | |
| **主要研究者签字： 日期：** | | | | | | | | | | |