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| **HIS溯源情况一览表** | | | | | | | | | | | | | | | |
| **专业名称** | |  | | | | | | **PI** | | |  | | | | |
| **申办方** | |  | | | | | | **CRO** | | |  | | | | |
| **方案编号** | |  | | | | | | **试验编号** | | | **XXXX-XXXX** | | | | |
| **试验名称** | |  | | | | | | | | | | | | | |
| **本试验方案中规定的既往病史及既往用药记录期限1：** | | | | | | | | | | | | | | | |
| **受试者筛选号及姓名缩写** | **门诊卡号及住院号2** | | **ICF日期** | **入组日期** | **出组日期及原因** | **漏记AE及合并用药情况（若未补充请说明理由及处理措施 ）** | | | | | | | | | |
| **诊断日期** | **疾病诊断** | | | **处方药物/治疗** | | **用法用量及使用天数** | **是否为方案禁用药物/治疗** | **是否已补充在SD中** | **是否已记录在CRF中** |
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| 溯源人员签字： | | | | | | | | | 查询日期： | | | | | | |
| 备注：  1：按照方案要求填写  2：若无住院号，使用NA代替 | | | | | | | | |  | | | | | | |