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| **临床试验受试者住院情况一览表** | | | | | | | | |
| **专业名称** |  | | | **PI** |  | | **试验编号** |  |
| **申办方** |  | | | **CRO** |  | | | |
| **试验名称及方案编号** |  | | | | | | | |
| **备注：住院情况：1 □ 2 □**  **因本临床试验项目，住院的受试者，请勾选1**  **住院患者，住院后参与本临床试验项目，请勾选2** | | | | | | | | |
| **受试者筛选号/姓名缩写** | **门诊卡号/住院号** | **ICF日期** | **入组日期** | **出组日期** | | **住院情况** | **住院日期** | **出院日期** |
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| **研究者：** | | | | **填写日期：** | | | | |
| 备注：参与临床试验受试者无需住院，不用提供此表。 | | | | | | | | |