**受试者鉴认代码表**

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| **临床试验方案/编号** | | |  | | | | | | | | |
| **申办者** | | |  | | | | **专业科室** | |  | | |
| **中心名称/编号** | | |  | | | | **主要研究者** | |  | | |
| **序号** | **筛选号** | **受试者姓名** | | **姓名缩写** | **性别** | **签署ICF日期** | **身份证号码** | **家庭住址** | | **联系电话** | **研究者签名** |
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备注：可采用申办方提供的《受试者鉴认代码表》，但不得低于本中心规定的要素要求。