**受试者鉴认代码表**

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| **试验名称** |  | | | **方案编号** |  | | | **申办者** |  | | |
| **试验中心** |  | | | **专业组** |  | | | **主要研究者** |  | | |
| **序号** | **筛选号** | **住院号/门诊号** | **姓名** | **姓名缩写** | **性别** | **年龄** | **身份证号码** | **家庭/单位地址** | | **联系电话** | **研究者签名** |
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