**样本揭盲记录表**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **试验名称** |  | | **试验中心** |  | |
| **方案编号** |  | | **专业组** |  | |
| **申办者** |  | | **主要研究者** |  | |
| **样本编号** | **对比试剂样本**  **盲号** | **对比试剂检测**  **结果** | **考核试剂样本**  **盲号** | **考核试剂检测**  **结果** | **备注** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**揭盲研究者： 揭盲日期：**

**复核研究者： 复核日期：**