鉴认代码表

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| **申办者** | |  | | | | | **中心编号** | |  | |
| **中心名称** | |  | | | | | **方案编号** | |  | |
| **试验名称** | |  | | | | | **主要研究者** | |  | |
| **受试者筛选号** | **姓名** | | **性别** | **身份证号** | **HIS系统登记号** | **联系方式** | | **联系地址** | | **备注** |
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**研究者签字确认：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 日期：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**