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：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**