**受试者鉴认代码表**

试验名称： 主要研究者：

申办方： 试验中心编号及名称：

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| 序号 | 受试者姓名 | 姓名拼音缩写 | 性别 | 年龄 | ID/门诊号 | 随机号/药物编号 | 联系地址 | 身份证号码 | 联系电话 |
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