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| **HIS溯源情况一览表** | | | | | | | | | | | | | | |
| **专业名称** | |  | | | | | | **PI** | |  | | | | |
| **申办方** | |  | | | | | | **CRO** | |  | | | | |
| **试验名称** | |  | | | | | | | | | | | | |
| **本试验方案中规定的既往病史及既往用药记录期限：** | | | | | | **ICF前 月/周/天** | | | | | | | | |
| **受试者筛选号/**  **姓名缩写** | **门诊卡号/住院号** | | **ICF日期** | **入组日期** | **出组日期** | **漏记AE及合并用药情况** | | | | | | | | |
| **处方日期** | **疾病诊断** | | **处方药物/治疗** | | **用法用量及使用天数** | **是否为方案禁用药物/治疗** | **此处方是否已补充在SD中** | **是否已记录CRF中** |
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我承诺：我已对每位受试者的就诊信息进行了溯源，以上数据真实、准确。

溯源人： 查询日期：

我承诺：我已经阅读溯源信息，以上数据真实、准确，并对溯源情况发现的问题予以处理。

主要研究者： 日期：