**安徽省宿州市立医院药物临床试验机构**

**监查登记表**

临床试验题目：

临床试验方案编号： 试验中心编号：

研究者： 申办者：

试验中心： 试验中心地址：

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| --- | --- | --- | --- | --- | --- |
| **日期** | **监查员姓名** | **监查员签名** | **研究者姓名** | **研究者签名** | **监查目的** |
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