**药物临床试验信息表**

机构受理号： 填表时间： 年 月 日

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| 项目名称 | | |  | | | | | | | | |
| 中文药名 |  | | 英文药名 | | |  | | | 商品名 | |  |
| CFDA临床试验批件号 | | |  | | | 注册证号/专利证号 | | |  | | |
| 注册分类 | |  | 临床分期 |  | | | 申请事项 | |  | | |
| 剂型 | |  | | 规格 | | |  | | | | |
| 受试病种 | |  | | | | | | | | | |
| 进药方式 | | □免费 □优惠价 □正常购买 | | | | | | | | | |
| 申办者 | |  | | | CRO | | |  | | | |
| 组长单位 | |  | | | | | | 负责人 | |  | |
| 参加单位 | |  | | | | | | 负责人 | |  | |
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