**受试者筛选入选表**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **临床试验方案/编号** | |  | | | | | | | | |
| **申办者** | |  | | | | **专业科室** | |  | | |
| **立项号** | |  | | | | **主要研究者** | |  | | |
| **中心名称/编号** | |  | | | | | | | | |
| **筛选号** | **姓名缩写** | | **签署ICF日期** | **筛选日期** | **是否入选** | **筛选失败原因** | **入组日期** | | **入选编号**  **（随机号）** | **研究者签字/日期** |
|  |  | |  |  |  |  |  | |  |  |
|  |  | |  |  |  |  |  | |  |  |
|  |  | |  |  |  |  |  | |  |  |
|  |  | |  |  |  |  |  | |  |  |
|  |  | |  |  |  |  |  | |  |  |
|  |  | |  |  |  |  |  | |  |  |
|  |  | |  |  |  |  |  | |  |  |
|  |  | |  |  |  |  |  | |  |  |

备注：可采用申办方提供的《受试者筛选入选表》，但不得低于本中心规定的要素要求。