**药物临床试验信息简表**

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| 受理号（机构填） | | |  | | | | 填表日期 | | | |  | | |
| 试验名称 | | |  | | | | | | | | | | |
| 方案编号 | | |  | | | | | | | | | | |
| 中文药名： | | | | | 英文药名： | | | | | | 商品名： | | |
| NMPA临床试验批件号 | | | |  | | | NMPA临床试验通知书号 | | | | | |  |
| 临床分期 | |  | | | | 药品注册分类 | | |  | | | | |
| 受试病种 | |  | | | | | | | | | | | |
| 药物剂型： | | | | | | | | | | 规格： | | | |
| 申办方： | | | | | | | | | | CRO： | | | |
| 进药方式 | □免费 □优惠价 □正常购买 | | | | | | | | | | | | |
| 组长单位 |  | | | | | | | | | | PI |  | |
| 参加单位 |  | | | | | | | | | | PI |  | |
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| 申办方/（CRO）  联系人 | 项目经理： | | | | | | | 联系方式 | | | 电话：  邮箱： | | |
| CRA： | | | | | | | 电话：  邮箱： | | |
| CRC： | | | | | | | 电话：  邮箱： | | |