**完成试验受试者编码目录表样本**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 临床试验题目 |  | | | | | |
| 临床试验中心名称 |  | | | | | |
| 序号 | 药物编号  （随机号） | 受试者姓名缩写 | 是否完成临床试验 | 完成临床试验时间 | 未完成临床试验的原因 | 备注 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |