**机构临床试验质控检查反馈报告**

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| **项目名称** | | |  | | | | | | | | | | | | | | | | |
| **试验项目编号** | | |  | | | | | | | | | | | | | | | | |
| **专业组** | | |  | | | **主要研究者** | | | |  | | | | **专业负责人** | |  | | **监查员** |  |
| **申办者/CRO** | | |  | | | | | **检查目的** | | | 机构质控 **□试验前 □首例 □中期 □结题** | | | | | | | **检查日期** |  |
| **计划数** |  | **知情数/筛选数** | | |  | | **随机/入组数** | |  | | | **进行中** |  | **完成数** |  | **脱落数** |  | **□有□无SAE** | **□是□否按时报告** |
| **序号** | | | | **检查发现问题** | | | | | | | | | | | | | **整改情况** | | |
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| **有关问题的说明：** | | | |  | | | | | | | | | | | | | | | |
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**研究者签名\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 日期\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**