| **研究完成报告表** | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 伦理受理号： | | | | | | | | | | | | |  | |
| 项目名称/编号 | | |  | | | | | | | | | | | |
| 专业/科室 | | |  | | | | | 主要研究者 | | | |  | | |
| 申办者 | | |  | | | | | 组长单位 | | | |  | | |
| **受试者信息** | | | | | | | | | | | | | | |
| 筛选例数 |  | | | | 入组例数 | |  | | | | 完成例数 | | |  |
| 退出例数 |  | | | | 严重不良事件例数 | | | |  | | | | | |
| **研究情况** | | | | | | | | | | | | | | |
| 项目启动日期： | | | |  | | | | | | | | | | |
| 最后1例结束观察日期： | | | |  | | | | | | | | | | |
| 研究风险是否超过预期 | | | | □否 □是→请说明： | | | | | | | | | | |
| 研究中是否存在影响受试者权益的问题 | | | | | | □否 □是→请说明： | | | | | | | | |
| 方案规定必须报告的重要医学事件是否已经及时报告 | | | | | | | | | □是 □否→请说明： | | | | | |
| **有无SAE、SUSAR、非预期事件等？有请说明：** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **结果（可附页）：** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **说明研究过程中对受试者保护的情况（知情同意、受试者抱怨、隐私保密、弱势群体保护等）：** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **研究者签名：** | |  | | | | | | | | **日期：** | | | | |