**GCP受试者来访登记表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 来访日期 | |  | | | 接待人 | | |  | | 职务 | | |  | |
| 接待地点 | | □机构办公室 □伦理办公室 □项目承担专业 □电话 | | | | | | | | | | | | |
| **受试者基本情况** | | | | | | | | | | | | | | |
| 姓名 |  | | | | | 年龄 | |  | | | 性别 | | |  |
| 电话 |  | | | | | 现住址 | |  | | | | | | |
| 备用联络人姓名 | | | |  | | | 关系 | |  | 电话 | |  | | |
| 备用联络人姓名 | | | |  | | | 关系 | |  | 电话 | |  | | |
| 参与GCP项目名称  （查询知情同意书） | | | |  | | | | | | | | | | |
| 知情同意书签署日期 | | |  | | | 治疗情况 | | |  | | | | | |
| **来访诉求** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **受试者签名及日期** | | | | | | | | | | | | | | |
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| **接待人签名及日期** | | | | | | | | | | | | | | |
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