**大连医科大学附属第二医院伦理委员会**

**本中心严重不良事件摘要列表**

**信息收集日期：**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **试验药物名称** | **受试者**  **筛选号** | **发生日期** | **严重不良事件**  **名称** | **报告类型** | **报告日期** | **报告**  **严重性标准** | **对试验用药**  **采取措施** | **转归** | **与试验药物**  **相关性判断** |
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**注：1、填写该表时不要更改表格格式，如表头；**

**2、日期填写格式为“年.月.日”；“信息收集日期”写明时间段；**

**3、若表格内容不适用，填写“NA”。**