**대상자 식별코드 명단(Subject identification code list)**

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| **Protocol no or title** | |  | | | | | | | |
| **시험기관명** | |  | | **IRB 승인번호** | |  | | | |
| **시험책임자 성명** | |  | | | | | | | |
| **Subject name** | **Subject initial** | **Subject ID** | **Random no.** | | **Date of birth** | | **Subject unique identifier** | **Sex** | |
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**PI signature: Date:**(등록 종료된 시점에서 서명)