| 序號 | 受試者識別代號 | 姓名縮寫 | 收案日期(簽署同意書日，免簽請寫NA) | 狀況\*(請寫代碼) | 退出原因\*\*(請寫代碼) | 用 藥(無用藥請寫NA；雙盲試驗請寫Double-Blind) |
| --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |
| \* 狀況代碼：A.篩選中 B.治療/追蹤中 C.已完成 D.退出 E. Screening failure\*\*退出原因代碼：1.不良事件(adverse event/intercurrent illness)2.死亡(death) 3.治療反應不佳(insufficient therapeutic response)4.未回診(failure to return)5.不符合納入條件(violation of selection criteria at entry)，請註明(specify)6.未依計畫書執行(other protocol violation)，請註明(specify)7.拒絕治療/撤回同意(refused treatment/withdraw consent)8.早期改善(early improvement) 9.行政或其他因素(administrative/other)，請註明(specify) |

備註：1.本表可因內容增加自動延伸。2.空格處，請填「NA」，勿空白。