**SAE/SUSAR汇总列表**

项目名称：

项目来源：

汇总时间段：

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| **序号** | **试验编号** | **研究参与者编号** | **发生国家** | **医疗机构** | **性别** | **年龄** | **SAE名称** | **报告类型** | **开始使用时间** | **发生****时间** | **怀疑药物/医疗器械** | **预期性** | **相关性** | **采取****措施** | **转归** | **备注** |
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注：报告类型填写首次、随访、总结