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| **Pre - Selección** | | | | | | | |
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|  | |  | Iniciales del sujeto |  | Código del Protocolo | | |
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| ¿El sujeto cumple los criterios de preselección? | | | | | |  |  |
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**Todas las notas deberán tener nombre y firma del médico que verificó la información**