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| **Selección** | | | | | | | | | | | |
| Iniciales del sujeto | | |  | Código del Protocolo | |  | Fecha | | | | |
|  | | |  | ID-20-052 | |  |  | | | | |
|  | | | | | | | | | | | |
| **Título** | | **Desarrollo de método molecular auxiliar de detección oportuna para complicaciones infecciosas** . | | | | | | | | | |
|  | |  | | | | | | | | | |
| **Protocolo y Versión** | | |  | | | | | | | | |
|  | | |  | | | | | | | | |
| **Criterios de inclusión** | | | | | | | | **Si** | **No** | | **NA** |
| 1 |  | | | | | | |  |  | |  |
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| **¿El sujeto cumple todos los criterios de inclusión?** | | | | | | | |  | |  | |
|  | | | | | | | |  | |  | |
| **Criterios de exclusión** | | | | | | | | **Si** | **No** | | **NA** |
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| **¿El sujeto tiene algún criterio de exclusión?** | | | | | | | | **Si** | | **No** | |
|  | | | | | | | |  | |  | |
| **¿El sujeto es elegible para el estudio?** | | | | | | | | **Si** | | **No** | |
|  | | | | | | | | | | | |
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**Todas las notas deberán tener nombre y firma del médico que verificó la información**