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| Protocol Number: EDR2201CN | | | | | Sponsor: Chugai Pharmaceutical Co., Ltd. | |
| Principal Investigator: | | | | | Site Number: | |
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| Subject number\* | Date of Consent\*\* | Subject Enrolled?  (Y/N) | Reason For Not Enrolled\*\*\* | End of Study Date | | Comments |
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| *\* Subject number should always be in 6-digit format, e.g. 101001, the first 3 digit represent the assigned site number (101), the last 3 digits (001) represent the patient who consented in sequential order.*  *\*\* Date should always be presented in DD-MMM-YYYY format, e.g. 29-Apr-2019*  *\*\*\* Reason for not enrolled should be completed in accordance to the inclusion/exclusion criteria defined in protocol section 9.2* | | | | | | |
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**Investigator/Designee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**