|  |  |  |  |
| --- | --- | --- | --- |
| 様式25(コア5書式) |  |  |  |

|  |  |
| --- | --- |
| 整理番号 |  |
| 区　　分 | 1.治験 2.製造販売後臨床試験 a.医薬品　b.医療機器 |

**リモートSDVの実施記録**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SDV実施日 | リモートSDV利用者の所属及び氏名 | 被モニター医療機関名 | 開始時間 | 終了時間 | 確認者 | 備考 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |