|  |  |  |  |
| --- | --- | --- | --- |
| 实验室正常值范围 | | | |
| **项目名称** |  | | |
| **方案编号** |  | | |
| **研究中心名称** | **延安大学咸阳医院** | **PI** |  |
| **研究中心编号** |  | **生效日期** |  |
| **请在下方选择本次递交的实验室正常值范围及单位的类别：**  1　首次递交实验室正常值范围及单位  2　添加新信息，请选择：  2.1 添加新的检验项目  2.2 添加新的生效日期（请将相应的检验项目、正常值范围和单位完整填写）  \*注：原实验室检验的正常值范围和单位的生效截止日期为本次生效日期的前一天。  3 修改原先递交信息，请选择：  3.1 修改正常值范围或单位  3.2 修改生效日期 | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 检测项 | | 性别/年龄 | 正常值范围 | | 单位 | | 下限 | 上限 | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | | | |

**备注：根据项目方案，完成检验正常值范围的收集（仅收集方案涉及检验）**

**检验科主任签名（如适用）：\_\_\_\_\_\_\_\_\_\_\_\_\_ 日期：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**脑血管病研究所主任签名（如适用）： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**日期： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**延安大学咸阳医院**

**国家药物临床试验机构（盖章）**