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| Form number | **57.014A** | Version | **2.0** |
| Title | **ICU Notification of Early Phase Clinical Trial** | | |

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| **GCRF Site** |  | | |
| **Study Title** |  | | |
| **EudraCT Number** |  | **Treating condition** |  |
| **Principal Investigator** |  | **Lead Trial Nurse** |  |
| **Investigational Drug** |  | **Route of Drug Administration** |  |
| **Participant Name** |  | **CHI** |  |
| **Study Number** |  | | |
| **Planned date of administration** |  | **Dose to be administered** |  |
| **Known side effects** | * *List side effects using bullets* | | |
| **Known antidote (if any)** |  | | |
| **Brief Trial Summary** | * *List summary using bullets* | | |

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