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| |  |  | | --- | --- | | **专业名称** | | | **试验药品/器械名称** | **申办者名称** |   **合同编号** |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **\* \*专业** | |  | | **呼吸专业** | | **阿司匹林胶囊** | **\*\*\*\*\*\*\*\*公司** | **可乐必妥（左氧氟沙星）750mg注射液** | **申办单位：第一制药（北京）有限公司** |   **071911** |
| **受试者资料**  **（1/2）** |  | **受试者资料**  **（2/2）** |