



中華崇仁總醫院暨醫學中心
CHINESE GENERAL HOSPITAL
AND MEDICAL CENTER
EXCEPTIONAL CARE WITHIN REACH



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REQUEST/QUERY RECORD

Date Received by CGHMC RERB: (dd/mm/yyyy)	Received by:
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Requesting Party:	Relationship to Participant:
Participant's Name	
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Title of the Study Participated	
Starting date of Participation	
What are requested?	
Action Taken:	
Outcome:	