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| **CODE BREAK REPORT** |

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| Trial Name and study Protocol title: |  | | |
| Clinical Trials Registry ID/number: |  | | |
| Site Name |  | | |
| Investigator Name |  | | |
| Telephone Number |  | | |
| Name of reporting health professional |  | | |
| Time (24-hour clock) |  | Date (dd/mm/yyyy) |  |
| Participant ID |  | | |

| **Site Name** | **Investigator Name** | **Participant ID** | **Date Request**  (dd/mm/yyyy) | **Time Request** | **Code-break carried out** | |
| --- | --- | --- | --- | --- | --- | --- |
| **Name, surname and signature** | **Date** |
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