**REGISTRO IBÉRICO - Estudio ReLoCC**

**Nombre IPL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID Local** (Centro / Hospital): **ES - \_\_\_\_ \_\_\_\_ \_\_\_\_**

**Identificación del Paciente**: completar con los datos del paciente que se incluirán en el estudio.

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| **No. paciente** | | **Nombre** | **Idad** | **Fecha de consentimiento informado** (dd/mm/aaa) | **ID ReLoCC del paciente (ES - \_ \_ \_- \_ \_\_ )** |
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**Firma de IPL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nota**: Este documento debe ser completado y guardado por el IPL (solo para información interna de cada Centro).