**附件4-1 随访登记表**

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| **序号** | **档案号** | **检查日期** | **姓名** | **性别** | **年龄** | **民族** | **职业** | **住址** | **联系电话** | **生育史** | **初筛结果** | | **基因诊断** | | | | | **备注** |
| **mcv** | **mch** | **α缺失** | **α突变** | **β突变** | **结果回报时间** | **子代可能遗传类型** |
|  |  |  |  | 男 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | 女 |  |  |  |  |  |  |  |  |  |  |
| 随访  时间 | | 内容 | | | | | | | | | 建议 | | | | 随访人员  签名 | | 受检者签名 | |
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