**Identification log for trial participants**

**Protocol:** Strees Ulcer Prophylaxis in the Intensive Care Unit (SUP-ICU)

**Site:**

**Investigator:**

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| **Date of inclusion** | **Trial participant ID** | **Name** | **Identification number** | **Date of discharge/death** |  |
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| **Date of inclusion** | **Trial participant ID** | **Name** | **Identification number** | **Date of discharge/death** |  |
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**Investigator:** *(to be signed at the end of the trial)*

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Name Date Signature