临床试验用药物退回记录表

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| 研究项目 |  | | | | | | | | | |
| 申办单位 |  | | | | | | | | | |
| 研究中心及编号 | |  | 专业组 | |  | | | 主要研究者 | |  |
| 药物名称 |  | | | | | 包装规格 |  | | | |
| 药物编号 | | 批号 | | 退回数量 | | 退回状态 | | | 退回原因 | |
|  | |  | |  | | □剩余药物 □空包装 | | |  | |
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机构药物管理员： 申办方/CRO代表签字：