医疗器械发放回收登记表

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| 试验医疗器械  名称 | |  | | | 主要研究者 | |  | | | 受试者编号 |  | 受试者姓名缩写 | |  |
| 项目名称 | |  | | | | | | | | | | | | |
| 申办者 | |  | | | | CRO | |  | | | | | | |
| 医疗器械发放 | | | | | | | | | 医疗器械回收 | | | | | |
| 序列号 | 批号/  有效期 | 规格型号/包装规格 | 发放日期 | 发放  数量 | 发放人签字/  日期 | 领取人签字/  日期 | 备注 | | 未使用  数量 | 已使用数量 | 空包装数量 | 返还人签字/日期 | 回收人签字/  日期 | 备注 |
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