医疗器械销毁记录表

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| 项目名称 | | | | | | | | | | | | |
| 试验医疗器械名称 | |  | | | | | 主要研究者 |  | | | | |
| 申办者 | |  | | | | | CRO |  | | | | |
| 销毁方式 | |  | | | | | 销毁地点 |  | | | | |
| 受试者编号 | 序列号 | | 批号/  有效期 | 规格型号/  包装规格 | 未使用数量 | 已使用数量 | 空包装数量 | 转交时间 | 转交人  签名 | 销毁  时间 | 销毁人签名 | 见证人签名 |
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