临床试验物资退回登记表

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| --- | --- | --- | --- |
| 项目名称 |  | | |
| 申办者 |  | | |
| CRO |  | | |
| 专业科室 |  | 主要研究者 |  |
| 相关物资 | 数量 | 存储条件 | 备注 |
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| 递交人签名 |  | 递交日期 |  |
| 接收人签名 |  | 接收日期 |  |