**试验医疗器械（含诊断试剂）发放回收登记表**

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| **项目名称（方案编号）** | |  | | | | | | | | | **申办者** | |  | | | |
| **研究中心名称** | |  | | | | **专业/科室** | | |  | | | | **主要研究者** | | |  |
| **医疗器械名称** | |  | | | | **包装规格** | | |  | | | | **批号** | | |  |
| **生产日期** | |  | | | | **有效期** | | |  | | | | **储存条件** | | |  |
|  | |  | | | | | | |  | | | |  | | | |
| **受试者筛选号** | **发放** | | | | | | **回收** | | | | | | | | **备注** | |
| 发放日期 | | 发放数量 | 发放人 | 领用人 | | 回收日期 | 剩余数量 | | 包装数量 | | 返还人 | | 回收人 |
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