**试验医疗器械（含诊断试剂）使用登记表**

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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** | |  |
| **使用医疗器械名称** | |  | | | | **使用医疗器械组别** | | | |  | | |
|  | |  | | | |  | | | |  | | |
| **日期** | **规格型号** | | **序列号** | **受试者筛选号** | **使用数量** | | **器械管理员**  **签字** | | **受试者签字** | | **备注** | |
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**PI/Sub-I审核签字： 日期：**