**试验医疗器械（含诊断试剂）异常情况登记表**

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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** |  | **规格型号/包装规格** |  | | | **序列号/批号** | |  |
| **生产日期** |  | **使用期限/失效日期** |  | | | **储存条件** | |  |
| **注册人/备案人** |  | **生产厂家** |  | | | **存放位置** | |  |
|  |  | |  | | |  | | |
| **日期** | **异常情况说明** | | **报告人** | **器械管理员** | | **备注** | | |
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