**院内转运交接表**

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| **项目名称/方案编号** | |  | | | | | | | | | | | |
| **申办者** | |  | | | **中心编号** |  | | | | **专业/科室** | |  | |
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| 日期 | 药品名称 | 药物编号 | 数量 | 转运开始时间 | 转运人 | 转运结束时间 | 转运温度 | | | 温度是否  导出 | | 接收人 | 备注 |
| Min | Max |  | |  | |
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