**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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