**试验用药品退还登记表**

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| **项目名称** |  | | | | | | | | | | | |
| **方案编号** |  | | **申办者** | |  | | | | **研究中心名称** | |  | |
| **中心编号** |  | | **专业/科室** | |  | | | | **主要研究者** | |  | |
|  |  |  | |  | |  |  | | |  |  | |
| **药品名称** | **包装规格** | **批号** | | **药品总**  **数量** | | **发放**  **数量** | **回收**  **数量** | **未分发**  **数量** | | **退还总**  **数量** | **剩余**  **数量** | **备注** |
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**药品管理员签字： CRA/申办方签字：**

**日期： 日期：**