**试验医疗器械（含诊断试剂）库存表**

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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** |  | |
| **生产厂家** |  | | | | **存放位置** | |  | | | | |
|  |  | | | |  | | | |  | | |
| **日期** | **出/入库** | **出/入库数量** | | **剩余数量** | | **器械管理员** | | | **备注** | |
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