**试验用药品发放回收登记表（B版）**

**（适用于一次发放）**

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| **项目名称** | | |  | | | | | | | | | | |
| **方案编号** | | |  | | | **申办者** | |  | | | **主要研究者** | |  | |
| **药品名称** | | | ***和最终版标签及包装保持一致*** | | | **包装规格** | | ***从药品规格写到最大包装规格，例： ml/支, 支/中盒, 中盒/大盒*** | | | | | |
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| **受试者筛选号** | **发放** | | | | | | | **回收** | | | | | **备注** |
| 发放日期 | 发放数量 | | 药物编号 | 药品批号 | 发药人 | 领药人 | 回收日期 | 剩余数量 | 包装数量 | 返还人 | 回收人 |
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备注：1.“日期”书写格式为XXXX.XX.XX。 2.发放、回收数量需记录到最小单位。 3.包装数量指的是外包装数量。