试验用药品发放及回收表（仅供参考）

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| 试验项目名称： | | |
| 申办者： | 中心编号： | 研究者： |
| 试验药物名称： | | |
| 筛选编号： | 受试者姓名缩写： | 随机号： |

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| **药物**  **编号** | **发放** | | | | **回收** | | | | **缺失/多余** | | **备注** |
| **日期** | **数量** | **发药人**  **签名** | **领药人**  **签名** | **日期** | **数量** | **回收人**  **签名** | **还药人**  **签名** | **数量** | **原因** |
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