试验用药品退还表（仅供参考）

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| 中心编号： | | | | 研究中心：延安大学咸阳医院 | | |
| 试验项目： | | | | | | |
| 药物名称 | 规格 | 药物批号 | 药物编号 | | 退还数量 | 备注 |
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备注：本表一式两份，研究单位和申报单位各保存一份。

药物管理员签名： 日 期：

项目监查员签名： 日 期：