受试者医疗器械使用情况一览表

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 受试者筛选号 | 医疗器械编号 | 发放日期 | 规格 | 数量 | 归还日期 | 数量 | 丢失/遗失等情况 | 理论使用数量 | EDC录入数量 | 实际使用数量（E-G） | 备注（如：归还空包装数量） |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |