试验医疗器械发放及回收登记表（仅供参考）

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| 试验医疗器械名称 | |  | | | | | | | | | | | | |
| 项目名称 | |  | | | | | | | | | | | | |
| 申办者 | |  | | | | | | 主要研究者 | |  | | | | |
| 受试者编号 | |  | | | | | | 受试者姓名缩写 | |  | | | | |
| 医疗器械发放 | | | | | | | | 医疗器械回收 | | | | | | |
| 序列号 | 批号/ 有效期 | 规格型 号/包装规格 | 发放 日期 | 发放数量 | 发放人签字/日期 | 领取人 签字/日 期 | 备注 | 回收 日期 | 回收数量 | | | 返还人 签字/日期 | 回收人 签字/日期 | 备注 |
| 未使用数量 | 已使用 数量 | 空包装 数量 |
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