试验医疗器械／包装销毁记录表（仅供参考）

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 项目名称： | | | | 试验中心：延安大学咸阳医院 | | | | | | |
| 申办者： | | | | 主要研究者： | | | | | | |
| 销毁试验医疗器械名称 | 试验医疗器械规格 | 回收数量 | 回收批号 | 回收型号 | 销毁数量 | 销毁批号 | 销毁型号 | 销毁方式 | 销毁地点 | 备注 |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

医疗器械负责人审核签字：\_\_\_\_\_\_\_\_\_\_\_\_\_ 日期：\_\_\_\_\_\_\_\_\_\_\_\_\_

监查员审核签字： \_\_\_\_\_\_\_\_\_\_\_\_\_ 日期：\_\_\_\_\_\_\_\_\_\_\_\_\_

医废暂存处负责人签字：\_\_\_\_\_\_\_\_\_\_\_\_\_ 日期：\_\_\_\_\_\_\_\_\_\_\_\_\_