**临床试验用药品发放回收登记表 （机构药房）**

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| **临床试验名称：** | | | | | | | | | | **项目编号：** | | | | |
| **主要研究者：** | | | | | | | | | | **申办方：** | | | | |
| **药物名称**： | | | | | | | | | | **药品存放柜编号**： | | | | |
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| **参与者编号** | **访视周期** | **药物编号** | **药品批号** | **发药**  **数量** | **发药**  **日期** | **发药人**  **签字** | **领药人**  **签字** | **回收日期** | **回收数量(最小包装)** | | **返还人签字** | **接收人签字** | **回收柜子编号** | **备 注** | |
| **剩余药物** | **药物空包装** |
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| **参与者编号** | **访视周期** | **药物编号** | **药品批号** | **发药**  **数量** | **发药**  **日期** | **发药人**  **签字** | **领药人**  **签字** | **回收日期** | **回收数量(最小包装)** | | **返还人签字** | **接收人签字** | **回收柜子编号** | **备 注** |
| **剩余药物** | **药物空包装** |
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