临床试验用医疗器械退回记录表（科室）

项目名称：

接收单位： 退还专业： PI:

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| 医疗器械名称和∕或编码 | 规格 | 包装 | 批号 | 生产日期 | 有效期 | 数量 | 生产厂家 | 退回人（医疗器械管理员）∕日期 | 核对人（CRC、CRA）∕日期 | 贮藏条件 | 退回原因 |
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注：本表一式两份，机构办公室和专业科室各保存一份