临床试验用药品接收记录表(科室)

项目名称：

申办者： 专业： PI:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 药物名称∕编码 | 药物检验合格证明 | 包装是否完好 | “临床试验专用”标识 | 剂型 | 规格/包装 | 批号 | 生产日期 | 有效期 | 数量 | 生产厂家 | 接收人（药物管理员）∕日期 | 核对人（CRC、CRA）∕日期 | 贮藏  条件 | 运输温度 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 药物到达时是否处于合适储存条件？ 是🗌 否🗌 请详细说明\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| 药物到达时是否附相应应急信件？ 是🗌 否🗌 请详细说明\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 应急信件是否完整？是🗌 否🗌 请详细说明\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| 药物已放入药物保管柜🗌、2-8℃冰箱🗌、0-20℃阴凉柜🗌 10-30℃常温柜🗌 上锁专人保管，钥匙\_\_\_\_套\_\_\_\_ 把，所有管理钥匙人员签字： | | | | | | | | | | | | | | |
| 注：本表一式两份，机构办公室和专业科室各保存一份 | | | | | | | | | | | | | | |