临床试验用药品退回记录表(科室)

项目名称：

接收单位： 退还专业： PI:

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| 药物名称和∕或编码 | 剂型 | 规格及包装 | 批号 | 生产日期 | 有效期 | 数量 | 生产厂家 | 退回人（药物管理员）∕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