临床试验用药品储存温度记录表

中心名称：石家庄市人民医院

药物名称：

储存要求：

保存设备型号： 保存设备编号：

温度计型号： 温度计编号：

记录日期： 储存地点： 药物管理员：

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 记录日期 | 记录时间 | 即时温度 | 最低温度 | 最高温度 | 签名 | 记录日期 | 记录时间 | 即时温度 | 最低温度 | 最高温度 | 签名 |
| 1 | -:- |  |  |  |  | 17 | -:- |  |  |  |  |
| 2 | -:- |  |  |  |  | 18 | -:- |  |  |  |  |
| 3 | -:- |  |  |  |  | 19 | -:- |  |  |  |  |
| 4 | -:- |  |  |  |  | 20 | -:- |  |  |  |  |
| 5 | -:- |  |  |  |  | 21 | -:- |  |  |  |  |
| 6 | -:- |  |  |  |  | 22 | -:- |  |  |  |  |
| 7 | -:- |  |  |  |  | 23 | -:- |  |  |  |  |
| 8 | -:- |  |  |  |  | 24 | -:- |  |  |  |  |
| 9 | -:- |  |  |  |  | 25 | -:- |  |  |  |  |
| 10 | -:- |  |  |  |  | 26 | -:- |  |  |  |  |
| 11 | -:- |  |  |  |  | 27 | -:- |  |  |  |  |
| 12 | -:- |  |  |  |  | 28 | -:- |  |  |  |  |
| 13 | -:- |  |  |  |  | 29 | -:- |  |  |  |  |
| 14 | -:- |  |  |  |  | 30 | -:- |  |  |  |  |
| 15 | -:- |  |  |  |  | 31 | -:- |  |  |  |  |
| 16 | -:- |  |  |  |  |  |  |  |  |  |  |