F-JG-SOP-00702

**试验用药品发放及回收记录表**

**（**每个受试者一张**）**

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| **方案名称/编号：** |  | | | | | | **研究药物名称：** | |  | | |
| **主要研究者：** | | | | **受试者筛选号：** |  | | **受试者姓名缩写：** | |  | | |
| **中心名称/编号：** | | | **批号：** | | | | **规格：** | | | | |
| **治疗周期** | **药物编号** | **数量（瓶）** | **发放人**  **/日期** | **接收人**  **/日期** | **回收日期** | **回收空盒**  **数量** | **返还人**  **/日期** | **回收人**  **/日期** | | **备注** | **CRA核实后签署** |
| **签名/日期** |
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