**试验用药品输注表**

**机构项目编号：**

**受试者筛选号/随机号：\_\_\_\_\_\_\_\_\_\_ 访视周期：\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **试验用药品名称** | **转运温度计编号** | **转运人/日期** | **输注开始时间/签字** | **输注结束时间/签字** | **余液/输液袋处理** | **是否中断** | **备注** |
|  |  |  |  |  | **🞎 按医院医疗垃圾处理** |  |  |
|  |  |  |  |  | **🞎 按医院医疗垃圾处理** |  |  |
|  |  |  |  |  | **🞎 按医院医疗垃圾处理** |  |  |