**医疗器械发放回收记录表**

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| **项目名称** | 机打 | | |
| **申办者** | 机打 | | |
| **主要研究者** | 机打 | | |
| **受试者姓名缩写** |  | **受试者筛选号** |  |

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| **发放** | | | | **回收** | | | | |
| **日期** | **数量** | **医疗器械编号** | **医疗器械管理员签名** | **日期** | **数量** | | **医疗器械管理员签名** | **备注** |
| **已使用** | **未使用** |
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