**试验用药品退回申办者记录表**

|  |  |
| --- | --- |
| **项目名称** | 机打 |
| **申办者** | 机打 |
| **主要研究者** | 机打 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **药品名称** | **规格** | **批号** | **药品编号** | **数量** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 备注： | | | | |

药品管理员签名： 日期：

接收人签名： 日期：