**临床试验药物回收表**

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| **方案编号** |  | | | **机构受理号** |  | |
| **研究题目** |  | | | | | |
| **研究中心** |  | | | **主要研究者** |  | |
| **药品名称** | **规格** | **批号** | **有效期** | **药品数量** | **回收原因** | **备注** |
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**回收人员签字：**  **日期：**

**药品管理员签字：**  **日期：**

**接收人签字：**  **日期：**