**附件4 试验用药品分发回收表**

项目名称：

试验用药品名称： 药品资助方：

专业： PI：

受试者姓名缩写： 筛选号：

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| 分发 | | | | | | 回收 | | | | |
| 日期 | 药品编号 | 批号 | 数量 | 药物管理员签字 | 领药人签字 | 日期 | 药品数量 | 空包装数量 | 药物管理员签字 | 退药人签字 |
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