臨床試驗醫療器材管理紀錄表

IRB編號：

計畫編號：

計畫名稱(中文)：

醫療器材名稱：

計畫主持人：

研究護理師：

專責人員：

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| **發放** | | | | | | | | **歸還** | | | | | | | |
| 日期 | 產品編號/  批號(序號) | | 受試者  病歷號碼 | | 數量 | | 研究人員/  專責人員簽名 | | 日期 | | 產品編號/  批號(序號) | 受試者  病歷號碼 | 數量 | | 研究人員/  專責人員簽名 |
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