**临床试验药品发放回收登记表**

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| 项目 | \*\*\* | | | | | 分期 |  | 研究中心 | | 湖南中医药大学第一附属医院 | | |
| 药品规格 |  | | | | 有效期 |  | | 中心号 | | \*\* | | |
| 药物编号 | 受试者姓名 | 性别 | 年龄 | 研究者 | 发药日期 | 药品发放数量 | 发药人  签名 | 领药人签名 |  | 回收日期 | 回收数量 | 接收人 | |
| \*\* |  |  |  |  | 第一次发药时间 |  |  |  |  |  |  |  | |
| 第二次发药时间 |  |  |  |  |  |  |  | |
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