**临床试验用医疗器械使用记录表**

项目名称：

批 件 号： 合同期限：

器械名称：

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| --- | --- | --- | --- | --- |
| 器械信息 | 编 号 |  | 型 号 |  |
| 规 格 |  | 有 效 期 |  |
| 生产厂家 |  | 生产批号 |  |
| 使用记录 | 受试者编号 | 使用数量 | 管理员签字 | 受试者签字 | 日期 |
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| 使用记录 | 受试者编号 | 使用数量 | 管理员签字 | 受试者签字 | 日期 |
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