临床试验用医疗器械接收记录表(科室)

项目名称：

申办者： 专业： PI:

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| 器械名称∕编码 | 检验合格证明 | 包装是否完好 | “临床试验专用”标识 | 型号 | 规格/包装 | 批号 | 生产日期 | 有效期 | 数量 | 生产厂家 | 接收人(器械管理员)∕日期 | 核对人（CRA/CRC）∕ 日期 | 贮藏  条件 | 运输温度 |
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| 医疗器械到达时是否处于合适储存条件？ 是🗌 否🗌 请详细说明\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| 医疗器械到达时是否附相应应急信件？ 是🗌 否🗌 请详细说明\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 应急信件是否完整？是🗌 否🗌 请详细说明\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| 医疗器械已放入保管柜🗌、0-20℃阴凉柜🗌 10-30℃常温柜🗌 上锁专人保管，钥匙\_\_\_\_ 套\_\_\_\_把，所有管理钥匙人员签字： | | | | | | | | | | | | | | |
| 注：本表一式两份，机构办公室和专业科室各保存一份 | | | | | | | | | | | | | | |