**临床试验器械使用登记表***（使用者填写）*

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| **项目名称** | |  | | | |
| **申办方** | |  | | | |
| **科室** | |  | | **主要研究者** |  |
| **器械名称**  **（规格型号）** | |  | | **器械批号/编号** |  |
| **日期** | **开始使用**  **时间** | | **结束使用**  **时间** | **使用人签字** | **备注**  **（使用异常需备注）** |
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