**临床试验用药品销毁证明表**

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| **项目名称** |  | | |
| **项目编号** |  | **研究中心** |  |
| **专业科室** |  | **主要研究者** |  |
| **申办者** |  | **监查员** |  |

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| **授权方** | □ 申办者 | **授权日期** |  |
| □ 合同研究组织 |

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| **药品名称** | **编号** | **有效期限** | **数量** | **备注** |
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| 试验用药品已经根据相应法律法规销毁。 | | | |
| 销毁方法 |  | | |
| 销毁地点 |  | 销毁日期 |  |
| 销毁人 |  | 见证人 |  |
| 职 位 |  | 职 位 |  |
| 签 字 |  | 签 字 |  |