**临床试验医疗器械销毁证明表**

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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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| 医疗器械名称 | 批号/序列号 | 有效期限 | 数量 | 备注 |
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| 试验医疗器械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 |  |