**臨床試驗醫材使用紀錄表(**Investigational Product Inventory)

填表日期: 年 月 日

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Protocol NO  計畫書編號 |  | | | Principle Investigator  主持人 | | |  | | | Study Location 執行地點 | |  | |
| IRB NO  原案號 |  | | | 許可證字號 | | |  | | |
| Protocol Title  計畫名稱 |  | | | | | | | | | 產品名稱(未上市  醫材需填) | |  | |
| 醫材名稱 |  | | | | | | | | | | | | |
| 醫材規格 |  | | | | | | | | | | | | |
| 日期(年/月/日) | 醫材批/編號 | 到期日 | 受試者編號 | | 使用量 | 進貨量 | | 耗用量 | 退貨量 | | 結餘量 | | 簽名確認 |
| Date(yyyy/mm/dd) | Batch/Med. NO | Expiration  date | Subject ID | | Use | In | | Out | Return | | Balance | | sign |
| 耗材範本：2015/06/15 | 22345 |  | A01 | | 1 | 5 | | 1 | 0 | | 4 | |  |
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表號：0A1005201

主持人確認簽名及日期：