**临床试验药物管理培训记录**

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| 研究项目名称 |  | | | | | |
| 方案编号 |  | | 申办方 | |  | |
| PI/Sub I |  | | 科 室 | |  | |
| 药品管理员姓名 |  | | 职务 | |  | |
| 培训时间 | 培训内容 | 药物管理员签字/日期 | | 培训人员签字/日期 | | 备注 |
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