**医疗器械退回申办者记录表**

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| **项目名称** | 机打 |
| **申办者** | 机打 |
| **主要研究者** | 机打 |

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| **医疗器械名称** | **规格** | **批号** | **医疗器械编号** | **数量** |
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| 备注： | | | | |

医疗器械管理员签名： 日期：

医疗器械接收人签名： 日期：