**GCP药房：**

**现有如下受试者，完成\_\_\_\_\_\_\_质控，请予以发药。**

**专业科室：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**机构受理号：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**受试者姓名缩写：\_\_\_\_\_\_\_\_\_\_\_\_**

**受试者筛选号：\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **质控人：\_\_\_\_\_\_\_\_\_**

**日期: \_\_\_\_\_\_\_\_\_**