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|  |
| **Project identification** |
| Project name/description |  |
| Investigator |  |
| Trial site |  |
| Sponsor's representative |  |
| Identification in continuous record of project activities |  |

## MEDICINAL DEVICES RECEIVED AT TRIAL SITE

|  |  |  |  |
| --- | --- | --- | --- |
| **Name / code designation** | **Batch / lot number** | **Numbers of** **medical devices** | **Description** |
|  |  |  |  |
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**ACCOUNT FOR MEDICINAL DEVICES USED FOR TRIAL SUBJECTS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name / Code** | **IDTrial subject**  | **Date** | **Numbers of****medical devices used for** **trial subject** | **Numbers of medicinal devices returned** | **Description** | **Handed over /****received by**  |
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**UNUSED MEDICINAL DEVICES AT TRIAL SITE**

|  |  |  |  |
| --- | --- | --- | --- |
| Name / Code | Batch / Lot number | Numbers | Description  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Unused medicinal device was destroyed at the trial site □

Unused medicinal device was returned for destruction □

Return address, if relevant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date dd.mm.yyyy Signature (Sponsor's representative)