**吉林大学第二医院XXXX专业/科室药品温/湿度记录表**

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| 项目名称  及编号 | |  | | | | | | |
| 申办单位 | |  | | | 主要研究者/项目组长 | |  | |
| 药物名称 | |  | | | 储存温湿度条件 | |  | |
| 温湿度记录 | | | | | | | | |
| 日期 | 时间 | | 即时  温度 | 最低/最高  温度 | 即时  湿度 | 最低/最高湿度 | 温湿度是否  符合要求 | 记录人  签字 |
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备注：每种药物单独记录