**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