**附件3：**

**处置类药品试剂清单**

实验室房间号： 实验室负责人：（本人签字） 清点人：（本人签字）

 手机号码： 手机号码：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **品名** | **规格** | **数量** | **单位** | **备注** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |