附件4：

**废弃剧毒化学试剂登记表**

单位名称（盖章）： 单位负责人：

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| --- | --- | --- | --- | --- | --- |
| **序号** | **药品名称** | **重量（g）** | **产生实验室** | **实验室负责人签名** | **备注** |
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