

废弃物种类：废弃药品 来源房间：

责任人：

联系电话：

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| --- | --- | --- | --- | --- | --- |
| **序号** | **药品名称** | **数量** | **序号** | **药品名称** | **数量** |
|  |  | **实验室废弃物** | **实验室废弃物** | **实验室废弃物** | **实验室废弃物** |
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