

報告年月日 yyyy/MM/dd

品目の別 X JJJJJJJJJ1JJJJJE

代理申請有無 JJJJJJJE 委託元利用者 XXXXE

輸入者名称

JJJJJJJJ1JJJJJJJJ2JJJJJJJJ3JJJJJJJJ4JJJJJJJJ5JJJJJJJJ6JJJJJJJJ7JJJJJJJJ8
 JJJJJJJJJ9JJJJJJJJJE

代表者 JJJJJJJJJ1JJJJJJJJJ2JJJJJJJJJ3JJJJJJJJJE

所在地 JJJJJJJJ1JJJJJJJJ2JJJJJJJJ3JJJJJJJJ4JJJJJJJJ5JJJJJJJJ6JJJJJJJJ7JJJJJJJJ8J
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営業所 JJJJJJJJJ1JJJJJJJJ2JJJJJJJJ3JJJJJJJJ4JJJJJJJJ5JJJJJJJJE

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担当者氏名 JJJJJJJJJ1JJJJJJJJJE 電話番号 XXXXXXXXXX1E

メールアドレス JJJJJJJJ1JJJJJJJJ2JJJJJJJJ3JJJJJJJJ4JJJJJJJJ5JJJJJJJJ6JJJJJJJJE

業許可の有無

製造販売業 JE

製造業 JE

毒劇物輸入業 JE

輸入の目的

治験（企業）用 JE 臨床試験（医師）用 JE

AWB, B/L等の番号 XXXXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3XXXXF

取卸港 XXXXE - XXXXXXXXXX1XXXXXXXXXXE

備考 JJJJJJJJ1JJJJJJJJ2JJJJJJJJ3JJJJJJJJ4JJJJJJJJ5JJJJJJJJ6JJJJJJJJ7JJJJJJJJ8JJJJJJJJ9JJJJJJJJ0JJ
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商品説明書 JF 臨床試験計画書 JF 試験研究計画書 JF 訓練計画書 JF 必要理由書 JF

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