医薬品医療機器等輸入報告確認結果情報(臨床試験計画書)	1 / 2		
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代理申請有無 JJJJJJE 委託元利用者 XXXXE			
輸入者名称			
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代表者 」」」」」」」」」」」」」」」」」」」」」」」」」」」」」」」」」」」			
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担当者氏名 JJJJJJJJJJJJJJJJJE 電話番号 XXXXXXXXXIE			
メールアドレス 111111111111111111111111111111111111	JJE		
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治験(企業)用 JE 臨床試験(医師)用 JE			
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備考 」」」」」」」」」」」」」」」」」」」」」」」」」」」」」」」」」」」」	1111111 0111111 10111111 11011111 11011111 11101111 11110111		
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実施期間 yyyy/MM/dd ~ yyyy/MM/dd			
実施予定機関 名称			
五小 所在地 診療科名 備考	主任者名	交付数量 数量单位	
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