**中国药科大学实验室过期试剂登记表**

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| **院部：** | |  | **实验室：** | |  | | **实验室负责人：** |  | **联系方式：** | |  |
| **实验室**  **移交人：** | |  | **联系方式：** | |  | | **后勤集团交接人：** |  | **处置厂家交接人：** | |  |
| **序号** | **化学试剂名称** | | | **CAS号** | | **性质（易燃/易爆/有毒/其它危害性）** | | **包装** | **数量** | **备注** | |
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**备注：需要报废试剂的实验室将此表电子版发送至实验室与设备管理处邮箱sysjak@cpu.edu.cn，此表纸质版待处置厂家回收处理前填写完整（一式两份），现场签字交接，联系方式：86185032。**