医疗机构制剂室基本信息表

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| 医疗机构名称 |  | | | | | | | | | | |
| 注册地址 |  | | | | | | | 邮编 | |  | |
| 配制地址 |  | | | | | | | | | | |
| 原制剂许可证证号 |  | | | | 始建时间 | |  | | | | |
| 医疗机构类别 |  | | | | 法定代表人 | |  | | | | |
| 分管院长 |  | | | 职称 |  | | 所学专业 | | |  | |
| 制剂室负责人 |  | | | 职称 |  | | 所学专业 | | |  | |
| 文化程度 |  | | | 职务 |  | | 任职时间 | | |  | |
| 质量管理负责人 |  | | | 职称 |  | | 所学专业 | | |  | |
| 文化程度 |  | | | 职务 |  | | 任职时间 | | |  | |
| 药检室负责人 |  | | | 职称 |  | | 所学专业 | | |  | |
| 文化程度 |  | | | 职务 |  | | 任职时间 | | |  | |
| 联系人 |  | | | 电话 |  | | 传真 | | |  | |
| 手机 |  | | | E-mail |  | | | | | | |
| 制剂配制总人数(人) |  | | | 其中研究生学历(人) | | | | |  | | |
| 大学本科学历（人） |  | | | 大专学历（人） | | | | |  | | |
| 制剂室建筑面积 |  | | | 固定资产原值（万元） | | | | |  | | |
| 经批准配制品种数 |  | | | 常年配制品种数 | | | | |  | | |
| 配制范围 |  | | | | | | | | | | |
| 配制名称 | | 剂型 | 上年配制能力 | 上年使用量 | | 是否委托生产 | | 是否  委托检验 | | | 上年利润额 |
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| 备 注 | |  | | | | | | | | | |

注：填写空间不够，可另加附页。