**新乡医学院三全学院实验室领料单**

领料日期：

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| --- | --- | --- | --- |
| 实验室名称 |  | 领料人签名 |  |
| 校区名称（平原校区或新乡校区） |  | 发放人签名 |  |
| 物品名称 | 规格型号 | 数量 | 单位 |
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注：本表可向下延续，且签名处必须是亲笔签名，不可代签或电子文字。