**義大醫院醫學研究部基因重組實驗室感染性生物材料廢棄物處理作業紀錄單**

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| 日期  (年/月/日) | 時間 | | 操作人 | 單位  /實驗室PI | 聯絡電話 | 操作生物物種  (材料名稱) | 滅菌方式 | 操作人簽名 | 實驗室主持人簽名 | P2管理人  確認 | 備註 |
| 進入時間 | 離開時間 |
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P2實驗室負責人簽名: