**门禁卡ID记录表（白卡）**

**一、基本信息**

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| **姓名** |  | **联系方式** |  |
| **门禁卡ID** |  | **医学所负责人****签字** |  |
| **取卡日期** |  | **还卡日期** |  |
| **领卡****签字** |  | **还卡接收人****签字** |  |

**二、门禁使用登记**

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| **实验室权限** | **实验室负责人****签字** | **备注** |
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