

Medical Device Quality Management System

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Logistics Management Policy

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Role	Position/Department	Name	Date
Author			DD YYYY
Reviewer			DD YYYY
Approver			DD YYYY

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Revision History

Ver.	Effective Date			
Ver.	Revision Details (Reason, Changes, Affected Documents)			Author/Reviewer/Approver
Version 1.0	Effective Date	20XXMM00DD00YYYY		
	Reason	Initial Release(For subsequent versions, describe the reason for revision here)		
	Content	Initial Release(For subsequent versions, describe the revision content here)		
	Affected Documents	N/A (For subsequent versions, list affected documents here)		
	役割	Author	Reviewer	Approver
	Department	XXX	XXX	XXX
	Position	XXX	XXX	XXX
	Name	XXX	XXX	XXX

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