

経口妊娠中絶薬の適正使用を確実に進めていくために

令和7年度家族計画・母体保護法指導者講習会伝達講習会
(母体保護法指定医師研修会)

2026年2月7日（土）

福岡県医師会 理事

蜂須賀 正紘

1

令和7年度家族計画・母体保護法指導者講習会
伝達講習会

利益相反状態の開示

筆頭演者氏名：蜂須賀正紘

所属：福岡県医師会

今回の演題に関連して、開示すべき利益相反状態はありません。

本日の内容

- ・人工妊娠中絶に関する基本事項
- ・2024年9月の薬事審議会における課題
- ・メフィーゴパック薬品管理報告のデジタル化
- ・メフィーゴパック無床診拡大に向けた義務講習

3

人工妊娠中絶数（年齢別）

各年度 (単位：件)	30年度	令和4年度	令和5年度	令和6年度	対前年度	
	(2018)	(2022)	(2023)	(2024)	増減数	増減率 (%)
総数	161,741	122,725	126,734	127,992	1,258	1.0
20歳未満	13,588	9,569	10,053	10,844	791	7.9
15歳未満	190	147	153	159	6	3.9
15歳	475	256	301	330	29	9.6
16歳	1,356	733	807	961	154	19.1
17歳	2,217	1,371	1,444	1,519	75	5.2
18歳	3,434	2,442	2,641	2,899	258	9.8
19歳	5,916	4,620	4,707	4,976	269	5.7
20～24歳	40,408	30,544	32,547	33,663	1,116	3.4
25～29歳	31,437	26,153	27,879	28,676	797	2.9
30～34歳	31,481	22,287	22,600	22,424	-176	-0.8
35～39歳	28,887	21,947	21,379	20,386	-993	-4.6
40～44歳	14,508	11,079	11,170	10,878	-292	-2.6
45～49歳	1,388	1,127	1,073	1,079	6	0.6
50歳以上	13	8	15	11	-4	-26.7
不詳	31	11	18	31	13	72.2

人工妊娠中絶（週数別届出）数

年度	平成3年 (1991)	平成13年 (2001)	平成18年 (2006)	平成23年 (2011)	平成28年 (2016)	令和4年 (2022)	令和6年 (2024)
総 数	436,299	341,588	276,352	202,106	126,174	122,725	127,992
満7週以前	237,612	193,438	155,767	110,595	91,652	69,592	73,069
満8週～満11週	171,877	129,140	105,952	79,918	66,859	45,779	47,330
満12週～満15週	14,471	10,484	7,760	5,679	4,118	2,854	2,848
満16週～満19週	8,369	5,880	4,671	3,858	3,277	2,645	2,722
満20週・満21週	3,807	2,532	2,130	2,006	2,059	1,816	1,981

令和6年度 厚生労働省 衛生行政報告例

初期人工妊娠中絶の1/3以上は無床診療所で実施されている

5

経口中絶薬（メフィーゴ®パック）とは

ミフェピリストンという妊娠のホルモンを抑える薬とミソプロストールという子宮を収縮させる薬との組み合わせを服用することで、妊娠初期（妊娠9週0日まで）の人工妊娠中絶が可能となります。

入院可能な指定施設において

・母体保護法指定医師の面前で、

① ミフェピリストン1錠を服用します。

② 服用36～48時間後に2つ目のミソプロストールを口の中（両頬に2錠ずつ合計4錠）に30分間含んだ後に飲み込みます。

・胎嚢排出まで原則院内待機（一部条件下で帰宅可）

・ミソプロストールを服用して8時間以内に約9割のケースで中絶が完了（子宮内容が排出される）します（約1割弱のケースで手術が必要）。



6

処方医登録から発注までの段取り

有床施設の指定医師がラインファーマ社のサイトから登録申請

↓
eラーニング受講用ID,パスワードがメールで送られてくる

↓
eラーニング受講（確認テストあり、所要時間は約1時間弱）

↓
登録書が送られてくる

↓
登録受領書に署名して返送（登録完了の連絡を
ラインファーマ社が卸売販売業者に連絡する）

↓
発注可能

この間にメーカーが
各都道府県医師会と
納入開始時期を調整
している

あらかじめ患者用資材を請求しておくことをお勧めします

7



できる病院・クリニック検索 > 検索結果

神奈川県		
<input checked="" type="checkbox"/> 日本钢管病院	川崎市川崎区鈴鹿通1-2-1	0443335591
<input checked="" type="checkbox"/> ブラタナス産婦人科クリニックなが つた	横浜市緑区長津田町3162	0459850362
<input checked="" type="checkbox"/> 医療法人 晴慈会浅川産婦人科	横浜市鶴見区豊岡町22-15	0455813541
<input checked="" type="checkbox"/> ワキタ産婦人科	横浜市青葉区藤が丘2-6-1	0459737081
<input checked="" type="checkbox"/> 医療法人博仁会 ハマノ産婦人科	横浜市西区戸部本町24-1	0453231131

2025年11月現在：都心部を中心に388施設が掲載されている

8

都道府県による普及度の差が大きい（登録施設数）

北海道	19	青森	7	岩手	5	宮城	3
秋田	2	山形	3	福島	5		
茨城	9	栃木	9	群馬	10	埼玉	17
千葉	19	東京	32	神奈川	23	山梨	7
新潟	9	富山	3	石川	3	福井	4
長野	9	岐阜	6	静岡	10	愛知	38
三重	3	滋賀	5	京都	12	大阪	25
兵庫	7	奈良	0	和歌山	3		
鳥取	2	島根	1	岡山	6	広島	10
山口	1						
徳島	2	香川	3	愛媛	9	高知	2
福岡	11	長崎	8	佐賀	3	大分	2
熊本	7	宮崎	6	鹿児島	5	沖縄	3

経口中絶薬の有効性・安全性は確立されている

- ・国内治験と同週数、同レジメン33,846例のメタアナリシスでの有効性は96.7% (Chen MJ, Obstet Gynecol, 2015)
- ・（妊娠継続例やミソプロストール追加投与例を除き）追加で手術を要した割合は、1.8-4.2% (Raymond EG, Contraception, 2013)
- ・異所性妊娠疑いや出血性疾患以外にもFDAでは、慢性副腎不全、長期の全身ステロイド投与、遺伝性ポルフィリン症（腹痛等発作を誘発）が禁忌となっている
- ・副作用頻度メタアナリシス
(Zhang J, Cochrane database Sys Rev, 2022)
輸血をする出血：0.03-0.6%
重症感染症：0.01-0.5%
腹痛はほぼ全例、嘔気・嘔吐、下痢、発熱、倦怠感、眩暈

治療法に関する比較表 ー 適切な治療選択のために

	経口中絶薬	吸引法	搔把法
妊娠週数	9週0日まで	12週未満	
費用	約10万円?	十数万円	
治療開始後からの出血	多い	やや多い	少ない
子宮への負担	最も少ない	より少ない	少ない
メリット	麻酔・手術合併症リスクが減る	・麻酔下（意識がない状態）で治療が完了し、胎児を含む排出物に直面しなくてすむ ・腹痛、嘔気、出血が少ない 治療期間・通院回数が少ない	
デメリット	約1割弱は麻酔・手術が必要	麻酔・手術が必要	

石谷他 産婦の実際 71; 1233-38, 2022

経口中絶薬における国内での経緯

2013.8 日本産婦人科医会内において、「経口中絶薬に関する検討部会」が開催され、「経口中絶薬に対する考え方」がまとめられた。その後、フェリングファーマ社（現在はラインファーマ社に移管）において、経口中絶薬に関する治験計画が始まる

2019.10.24～2020.8.6 国内第Ⅲ相試験

2021.4.25 日本産科婦人科学会生涯研修（医会共同）プログラムにて
国内第Ⅲ相試験結果を公表（東京大学 大須賀穰 教授）

2021年12月22日 承認申請

2023年2月 パブリックコメント（約1万1千件のうち3割が反対意見）
3月24日の厚労省薬事審議会分科会の議題から取り下げ

4月28日 薬事承認された

経口中絶薬の海外での運用状況

- ・公的補助：ほとんどの国である（ドイツ・米国はなし）
- ・入院管理：必要とする国はない、全ての国で遠隔診療可能
- ・初回受診：ドイツ、スイス、オランダは医療機関受診が必要
- ・1剤目服用：ドイツ、スイス、オランダ、米国の一一部は
医療機関に限定した服用、他国は自宅で服用
- ・2剤目服用：ドイツ、スイスは医療機関でも服用可能
- ・治療後フォロー：ドイツは医療機関受診が必要、スイス、オランダ、
米国の一一部は自宅での経過観察可能

国内の医療制度や国民の受診行動からは、発売当初から
海外と同様の運用を行うことは混乱を招く

初期人工妊娠中絶に関するWHOの見解

WHOのガイダンス「安全な中絶」（Safe abortion, 2003年初版、最新は2022年版）では、吸引法もしくは薬剤による中絶を推奨



The screenshot shows the International Planned Parenthood Federation (IPPF) website. At the top, there's a dark blue header with the IPPF logo, a globe icon, and links for 'GLOBAL' (with a dropdown arrow), 'MENU', '日本語' (Japanese), and 'DONATE'. Below the header is a large photograph of a woman in a medical or clinical environment. In the bottom left corner of the photo, there's a white rectangular overlay with the text 'MEDIA CENTER'. Overlaid on the bottom of the photo is a dark blue banner containing the text 'IPPF statement on the WHO Abortion Care Guidelines 2022' in white. Below this, in smaller white text, it says 'IPPF welcomes the newly released WHO guidelines on abortion care, launched on Wednesday 9 March'.

経口中絶薬の運用に関するQ&A

<時間外・追加処置に関する対応について>

	自院	他院
当直・非常勤医師 (非指定医師) による処置	○	○
保険適用	×	○ (不全流産ではMVA の算定不可)
追加治療に対する 自費費用徴収	○ 事前説明が望ましい	—
多胎症例への使用	使用して問題なし	

15

安全面からのまとめ

経口中絶薬の導入により

<期待される点>

- 手術リスクのあるケースで有用（子宮形態異常等）であり、手術合併症率や麻醉事故数が減る

<懸念される点>

- 手術と違って排出時期が一定でないため、患者だけでなく、医療者、高次救急施設の負担となり、治療を受ける側の十分な理解が必要
- 諸外国では適応週数の約半数が経口中絶薬による中絶を選択
➡ 搔爬法単独の割合は著減するが、症例によっては必須手技
- 手術に限らず中絶治療合併症の早期発見と対処に習熟すべきで、
 - 発熱、増悪する腹痛や出血等に対して、**まずは自院で速やかに精査**
 - 急変時対応（迅速・適切な初期対応と高次施設への搬送）について**定期的に指定医だけでなく医療者全員が、J-MELS等を受講**

16

- ・トイレ付個室入院（1泊2日→2025.1から日帰り入院）
- ・担当医1人のため、週1例まで毎月1～4例程度行っている
- ・入院後の15時の時点で胎嚢排出していなければ、頸管拡張処置を行い、翌日に自費MVAによる全麻手術の運用（実績なし）

- ・退院1～2週後再診
- ・腹痛、発熱、出血による
時間外受診：担当医師に
電話連絡し、救急外来受診



紹介症例の供覧

<傷病名>

妊娠6週4日 中絶希望

<紹介目的>

上記ご高診ご加療のお願い

<既往歴及び家族歴>

特記すべきことなし

<症状経過及び検査結果>

平素より大変お世話になっております。
上記にて当院初診の患者様です。

本日当院でMVA法で中絶予定だった方です。

子宮後屈が強く、ダイレーターによる頸管拡張が困難で、手術を中止いたしました。

手術での中絶は困難であると考え、内服による中絶をご本人へ提案させて頂き、貴院へ紹介する運びとなりました。

ご多忙のところ誠に恐縮ですが、ご高診ご加療いただければ幸いです。
何卒宜しくお願ひ申し上げます。

経口中絶薬による治療で経過良好

<症状経過及び検査結果>

平素より大変お世話になっております。

中絶希望にて当院受診の患者様です。

2024/01 CRL 5.8mm, MVAによる中絶手術を試みました。

MVA tube 6mm 及び 7mm が難なく挿入は可能なものの GS が左子宮角寄りで吸引排出できませんでした。中絶内服薬の適応が高いと考え貴院受診を勧めさせていただいた次第です。

<症状経過及び検査結果>

平素より大変お世話になっております。

LMP2024/ で自然妊娠成立し、人工妊娠中絶を希望され当院を受診された患者様についてご紹介させていただきます。2024 (無月経 7w3d) GS12.2mm yolk sac(-) の状態で MVA 法にて手術を施行しました。左卵管角寄りに GS を認めました。計 5 回ほど吸引施行し GS 認めないこと確認して手術終了しました。2024/ 術後 3 週間後に再診され、子宮内に GS18.5mm yolk sac(+) 妊娠反応： 1,100IU/L (+) と妊娠継続の兆候を認めました。卵管角妊娠と判断し、当院での再度手術が難しいと判断したため貴院での手術を勧めさせていただきました。

上記 2 例いずれも経口中絶薬による治療で経過良好、以下を紹介元に事前説明

- 手術困難と判明したら、即手術を中止頂く (経口中絶薬に不全流産の適応なし)
- 人工妊娠中絶実施報告書は統計上、同一症例がダブルカウントされる可能性があるため、紹介元では記載しない、もしくは紹介元の報告書番号を提供いただく

人工妊娠中絶実施報告票 (改定版 2025年4月～)

別記様式第十三号 (二) (第二十七条関係)

人工妊娠中絶実施報告票

(令和 年 月分)

(1) 人受 けた者	メフィーゴパックの初回 投与日 (排出日ではない)			人工妊娠中絶を 受けた者の年齢	満 年
(3) 人工妊娠中絶を 受けた者の居住地	市 町 支 序 村	(4) 人工妊娠中絶を 受けた者の妊娠週数	1 満 7 週以前 2 満 8 週～満 11 週 3 満 12 週～満 15 週 4 満 16 週～満 19 週 5 満 20 週～満 21 週		
(5) 人工妊娠中絶を 実施した月 日	月 日	(6) 該 当 条 文	1 14条1項1号 2 14条1項2号		
(7) 人工妊娠中絶を 受けた理由					
(8) 受けた者の社会保険適用 の 有 無	有 無	人工妊娠中絶を 受けた者の生活保護法に による医療扶助適用の有無	有 無		
(10) 人工妊娠中絶薬 (ミフェブリストン・ミソプロストール製剤又はゲメプロスト製剤) の投与の有無	有 無				
備 考					

記載上の注意

- 手術による人工妊娠中絶の他、薬剤の投与による人工妊娠中絶についても本票により報告するものとする。
- 「人工妊娠中絶を受けた者の番号」欄については、各月ごとに人工妊娠中絶を受けた者について実施する。
- 「人工妊娠中絶を受けた者の居住地」欄には、都道府県名等を記入し、該当する文字を○で囲むこと。
- 「人工妊娠中絶を受けた者の妊娠週数」欄は、該当する数字を○で囲むこと。
- 「該当条文」欄は、該当する数字を○で囲むこと。
- 「人工妊娠中絶を受けた理由」欄には、人工妊娠中絶を受ける理由となつた事実、例えば、結核のため妊娠の継続により健康を害する、暴行により妊娠等を記入すること。
- 「人工妊娠中絶を受けた者の社会保険適用の有無」欄、「人工妊娠中絶を受けた者の生活保護法による医療扶助適用の有無」欄及び「人工妊娠中絶薬 (ミフェブリストン・ミソプロストール製剤又はゲメプロスト製剤) の投与の有無」欄は、該当する文字を○で囲むこと。なお、「人工妊娠中絶薬 (ミフェブリストン・ミソプロストール製剤又はゲメプロスト製剤) の投与の有無」欄における人工妊娠中絶薬は、妊娠 9 週 0 日までに使用されるミフェブリストン・ミソプロストール製剤又は妊娠中期において使用されるゲメプロスト製剤を指すものである。²⁰ こと。

日本産業規格 A 列 5 番

ゲメプロスト投与
の際も「有」

妊婦のための支援給付制度

子ども家庭庁（成育局成育環境課）は令和7年度から妊婦等包括相談支援事業（児童福祉法）と「妊婦のための支援給付」（子ども・子育て支援法）を創設した

内容：市町村は、妊婦を認定後に5万円、ならびに妊娠している子どもの人数×5万円を支給する

問題点：政治主導で十分な議論がされない（こ家庁母子保健課、日医、医会の相談なし）まま、創設されたため、現場で混乱している

具体例には流産の診断時点（従来は排出日）がこの事業においては、胎児死亡の診断日もしくは中絶着手日となっている

中絶にも給付が行われることは、治療費用の自己負担減になるが、母体への負担を鑑み、給付金目的で中絶時期を遅らせてはならない（胎児心拍確認、出産育児一時金、産後休暇、中期中絶に²¹関与する）

妊婦給付認定用診断書に記載する日付について

（日本産婦人科医会からのお知らせ文書の概要）

「妊婦のための支援給付」が開始されたことに伴い、産科医療機関に対して妊婦給付認定用診断書を求められる機会が増えてきましたので、診断書に記載する「流産となった日」について改めて概説いたします。

自然流産の場合、実際に胎児（胎芽）が**娩出した日**に**関わらず**、担当医が胎児（胎芽）の大きななども考慮して胎児（胎芽）死亡になったと診断（推定）した日が「流産となった日」となります。

人工流産の場合は、実際に胎児（胎芽）が**娩出した日**に**関わらず**、人工流産の同意を得た際に決められた**人工流産のための最初の処置・投与開始日**が「流産となった日」となります。

なお、これらの「流産となった日（死産があったとき）」の記載については、予め妊婦やパートナーに十分に説明し了解を得ておく必要があることにご留意ください。

妊婦のための支援給付における診断書記載について

妊婦給付認定用診断書

<受診者>

住 所

氏 名

生年月日 年 月 日 生 (歳)

<診 断>

胎児心拍確認日 年 月 日

心拍が認められた胎児数 1 · 2 · ()

流産の種類 自然流産 · 人工流産

流産となった日 年 月 日

上記の通り証明します。

年 月 日

施設名

所在地

医師氏名

日本産婦人科医会作成ひな型

診断内容に
妊娠週数の記載項目無し

「流産となった日」は
娩出した日に関わらず

自然流産なら、胎児（胎芽）死亡
になったと診断した日

人工流産（中絶）なら、人工流産
のための最初の処置・投与開始日
が「流産となった日」
を記載する

23

中絶時の妊婦のための支援給付の案内について

給付金と相談窓口のご案内

妊婦支援給付金は、
流産・死産等をされた方も対象になります。

支給額 妊婦認定時に5万円
妊娠していた子どもの人数×5万円

○対象者 妊娠されていた人（日本国内に住所を有する者）
※本制度では、「医療機関により胎児心拍」が確認できたことを
もって妊婦給付認定にかかる「妊娠」と定義しています。

○申請時期 流産・死産等をされた場合は、医療機関において、
その事実が確認された日以降に届け出ることができます。

○申請先 住民票のある市区町村にご申請ください。

相 談 支援給付と組み合わせて相談支援を実施して
います。給付金申請時などにお話を伺うこ
とができます。

お住いの市区町村の相談窓口では、
給付のご案内はもちろん悩みや不安なども
お話しいただけます。
深い悲しみや辛く悲しい気持ち、
誰にも話せないで孤独を感じている気持ちなど
ひとりで抱え込みず、相談してみませんか。

自施設では、こども家庭庁の
左記案内文で一通り説明しているが、

中絶の方針が決まっているのであれば、
母体負担の観点から早期の治療を
勧めている

薬剤であれば、子宮内妊娠が確認される、
手術であれば、搔爬吸引に問題ない胎嚢
サイズとなり次第、早期の治療を推奨

母体保護法指定医師の
倫理観が、今後一層
問われることになる

経口中絶薬治療の成功率を上げるコツ

- ・治療開始時の妊娠週数はなるべく早い方がベター（子宮内妊娠が確認できれば早い週数の方が有利で、出血や疼痛もより少ない）
- ・年齢、経産回数（頸部の硬度よりは、プロスタグラジンの感受性に依存する）が多いほど失敗率が上昇するので、中絶の意思が固まっているなら、なるべく早期に治療を開始する（胎児心拍を確認する必要なし）

25

本日の内容

- ・人工妊娠中絶に関する基本事項
- ・2024年9月の薬事審議会における課題
 - ・メフィーゴパック薬品管理報告のデジタル化
 - ・メフィーゴパック無床診拡大に向けた義務講習

26

経口妊娠中絶薬導入後における人工妊娠中絶の実態調査及び適切な情報提供等に関する研究

- 令和5年度こども家庭庁行政推進調査事業補助金 成育疾患克服等次世代育成基盤研究事業（研究代表者：中井章人）
- 人工妊娠中絶治療法や経口中絶薬の副作用・トラブル事例の調査等を行う

こども家庭庁科学研究: 人工妊娠中絶実態調査票					施設番号	
					施設名 日本鋼管病院	
1. 人工妊娠中絶術の調査期間中(令和5年5月～10月)取扱件数(概数でも結構です)						
妊娠週数	総数	搔爬法のみ	吸引法のみ	搔爬・吸引併用のみ	メフィーゴパック	
～9週0日	5 件	0 件	0 件	0 件	1剤のみで排出 0 件, 2剤 0 件 手術併用(1剤使用後 0 件、2剤使用後 0 件)	
9週1日～11週6日	0 件	0 件	0 件	件	メフィーゴパックの件数は 「～9週0日」の欄に記載してください	
2. 貴院の施行症例で、各方法に伴う合併症があれば件数をお教えください(なければ空欄で結構です) (複数の合併症発生例については、主要なもの1つのみご回答ください)						
週	大きなトラブル報告はなく、無床診療所への適応拡大を議論するための重要な根拠データとなると期待された					パック後 件 件 件
重症感染症	件	件	件	件	件	件

調査期間中のメフィーゴ®パック使用数

施設種類別人工妊娠中絶件数-手技別

	搔爬法のみ	吸引法のみ	搔把吸引併用	メフィーゴパック
病院 ^{*1}	347 (9.0)	2480 (64.6)	943 (24.6)	69 (1.8)
有床診療所 ^{*2}	2739 (14.5)	10769 (57.2)	4958 (26.3)	366 (1.9)
無床診療所 ^{*3}	1898 (14.2)	9248 (69.4)	2174 (16.3)	0 (0.0)
不明 ^{*4}	0 (0.0)	16 (100.0)	0 (0.0)	0 (0.0)
全対象施設 ^{*5}	4984 (13.8)	22513 (62.5)	8075 (22.4)	435 (1.2)

*1 ()内は病院での人工妊娠中絶数(n=3839)に対する%

*2 ()内は有床診療所での人工妊娠中絶数(n=18832)に対する%

*3 ()内は無床診療所での人工妊娠中絶数(n=13320)に対する%

*4 ()内は種類不明施設での人工妊娠中絶数(n=16)に対する%

*5 ()内は全対象施設での人工妊娠中絶数(n=36007)に対する%

メフィーゴ[®]パックでの合併症例は0例

施設種類別合併症件数-手技別

	搔爬のみ	吸引のみ	搔把吸引併用	メフィゴパック	全手技
病院 ^{*1}	2 (0.576)	7 (0.282)	15 (1.591)	0 (0.000)	24 (0.625)
有床診療所 ^{*2}	16 (0.584)	28 (0.260)	26 (0.524)	0 (0.000)	70 (0.372)
無床診療所 ^{*3}	2 (0.105)	9 (0.097)	9 (0.414)	0 (0.000)	20 (0.150)
不明	0 (0.000)	0 (0.000)	0 (0.000)	0 (0.000)	0 (0.000)
計 ^{*4}	20 (0.401)	44 (0.195)	50 (0.619)	0 (0.000)	114 (0.317)

*1) 内の合併症(%)はそれぞれ病院での搔爬のみ(n=347)、吸引法のみ(n=2480)、搔爬吸引併用(n=943)、全手技(n=3839)の件数をもとに算出

*2:()内の合併症(%)はそれぞれ有床診療所での搔爬のみ(n=2739)、吸引法のみ(n=10769)、搔爬吸引併用(n=4958)、全手技(n=18832)の件数をもとに算出

*3:()内の合併症(%)はそれぞれ無床診療所での搔爬のみ(n=1898)、吸引法のみ(n=9248)、搔爬吸引併用(n=2174)、全手技(n=13320)の件数をもとに算出

*4:()内の合併症(%)はそれぞれ全施設での搔爬のみ(n=4984)、吸引法のみ(n=22513)、搔爬吸引併用(n=8075)、全手技(n=36007)の件数をもとに算出

(中井ほか 令和5年度こども家庭庁科学研究報告書)²⁹

調査研究結果公表後の報道内容（2024年7月）

毎日新聞(東京)

MAINICHI SHIMBUN, TOKYO

2024.7.27
(2024.7.27 首次)



経口中絶薬「メフィー^ニ
=ライインファーネ提供

厚労省緩和方針
経口中絶薬

卷之三

卷之三

大手新聞のタイトルは、

やや前のめり感が拭えない

2024年 8月28日水曜日

メインアンス

9280号

次は華事審議会へ

■ 経口中絶薬、条件付きで無床診の使用を承認

厚生労働省は26日の薬事審議会医薬品第一部会に、経口人工妊娠中絶薬「メフィゴパック」の施設要件を条件付きで無床診療所に広げることなどを盛り込んだ使用体制の見直し案を提示し了承を得た。今後、親会議の薬事審議会でも議論した上で同剤の使用体制の見直しを盛り込んだ改正通知を発出する予定だ。

同剤は国内初の経口人工妊娠中絶薬として2023年4月にライインファーマが承認取得併せて適切な使用体制の在り方が確立されるまでの間の暫定的な運用として、留意事項の通知を厚労省とこども家庭庁が合同で発出した。内容は▽当分の間、入院可能な有床施設で使用する▽1剤目の投与後は帰宅可能だが、2剤目は子宮収縮作用を持つため投与後は胎嚢が排出されるまで院内待機を必須とするなど

23年度にこども家庭庁が行った調査研究報告によると、同剤の投与症例435件中、重篤な有害事象は0件だった。承認取得の根拠となった臨床第3相試験での重篤な有害事象は120例中1件だったため、有害事象のリスクが上がることはないことが確認された。こうしたデータを踏まえ、厚労省は使用体制の見直しの検討が可能になったと判断した。

同日、見直し案を部会に示した。
現在は有床施設で使用することになっているが、見直し案では夜間・休日を含む

24時間体制で対応できることなどを条件に、無床診療所での使用を認める。
また現在は2剤目投与後に院内待機を必須としているが、見直し案では自宅が▽医療機関から16キロメートル以内▽本剤を投与する医療機関が所在する2次医療圏または周産期医療圏の2つの条件ともに満たす妊婦に対して、帰宅を許可することにした。

無床診への運用に関する早期限定期解除に慎重な意見もある

2024年 7月29日月曜日

メディファクス

9263号

■ 経口人工妊娠中絶薬の運用柔軟化に懸念

自民・薬事小委で

自民党の厚生労働部会「薬事に関する小委員会」（田畠裕明委員長）は25日、ラインファーマの経口人工妊娠中絶薬「メフィーゴパック」（一般名＝ミフェブリスチン／ミソプロストール）の「適切な使用体制の在り方」について、厚生労働省から報告を受けた。病院などだけではなく、無床診療所でも緊急時の対応が可能な場合に限り投与を認めるなど、運用を柔軟化するもの。だが、妊娠中絶に否定的な見解を持つ複数の参加議員からは懸念の声が相次いだ。

メフィーゴパックはまずミフェブリスチン錠を投与し、その36～48時間後、2剤目にミソプロストールパックカル錠を投与する。これまでには「適切な使用体制の在り方が確立されるまでの当分の間」として、▽入院可能な有床施設で使用する▽2剤目の投与後は胎嚢が排出されるまで院内待機を必須とする一とされていたが、同日示した「適切な使用体制の在り方」では、これらの要件を部分的に緩和している。

具体的には、入院可能な有床施設でのみ使用可能という原則は維持しつつ、投与施設面を柔軟化。病院などに限らず、緊急連絡体制や入院可能な施設との連携が担保されているなど、緊急時の対応が可能な場合に限り、無床診療所でも投与を認めている。

また医療機関の近郊に居住している場合には、入院や院内待機を必須にせず、自宅での管理を可能とした。胎嚢排出の有無にかかわらず、遅くとも2剤目投与後、1週間をめどに再来院させ、胎嚢排出の有無の確認を徹底する。ただし居住地が遠い場合は、従来通り胎嚢が排出されるまで入院または院内待機が必須となる。

●田畠委員長「賛成はしていない」

会議後、取材に応じた田畠委員長によると、議員の懸念に対して厚労省医薬局は「局として受け止める」と回答した。田畠委員長は「ボールは厚労省にある」とし、メフィーゴの使用体制の在り方については「再考も含め、検討するというのが厚労省側の考え方だと思う」との認識を示した。一方、「小委で承認する、前に進めない、などを決める話ではない」としつつ、小委として「賛成したということではない」とも述べた。

小委に出席した医系議員はじょうの取材に対し、「非常に難しい問題」とした上で、「やむを得ず中絶が必要な女性にとって、（メフィーゴは）侵襲性が少ない点では良いと思う」と語った。一方で「簡単に中絶が可能という不適切な認識が一般に広まるのは避けるべき」とも指摘した。

自民党厚生労働部会

薬事に関する小委員会

(田畠裕明委員長)

「侵襲性が少ない点では良いが、簡単に中絶が可能という不適切な認識が一般に広まるのは避けるべき」

等、慎重な意見が続出した

厚労省薬事審議会(2024年9月25日)の結果

- ・無床診への拡大要望は都心部を中心に多い
- ・市販直後調査、こ家庁調査研究(中井班)で安全性に問題なかったが、その後に胎嚢排出後の遺残による高次施設入院、輸血例が報告された
- ・2024年9月25日の薬事審議会では、運用上の課題について医会から日医を通して意見書を提出し、**無床診への拡大は見送り、2剤目服用後の帰宅許可条件の緩和のみが認められ、11月29日通達が出された**

<2剤目服用後の帰宅許可条件>

- ・自宅での経過観察を希望し、本剤の投与を受ける者の居住地が以下の全ての要件を満たす場合に限り可能
 - (1)当該医療機関に容易に通院可能(医療機関から16km以内)
 - (2)当該医療機関が所在する二次医療圏又は周産期医療圏内

経口妊娠中絶薬の適切な使用体制の あり方等に関する研究

- 令和6年度厚生労働行政推進調査事業費補助金
健康安全確保総合研究分野
医薬品・医療機器レギュラトリーサイエンス政策研究
(研究代表者：中井章人)

メフィゴ[®]パック2剤目投与後帰宅事例を中心に
安全な運用方法を検証する

再度、無床診療所への適応拡大を議論するための
重要な根拠データとなると期待されている

意見書の内容(抜粋)

日本医師会提出資料（2024年9月25日）

(1) 講習受講の義務化

無床診療所において、経口中絶薬を用いた中絶診療のみ実施し、
外科的処置を一切行わない診療所が生じることがないよう、
講習等の受講を義務化

→来年度から母体保護法指定医師研修会のなかで実施予定

(2) 流通管理報告体制等のデジタル化

症例数の多い都市部の医師会における事務作業は逼迫状態にある

→ラインファーマ社がオンライン報告システムを構築中

(3) 安全性確保のための資材：安全性確保のための資材を作成し、 円滑な情報共有ができる連携体制を構築

(4) 国民への正しい情報提供：正しい情報提供及び啓発を実施

本日の内容

- ・人工妊娠中絶に関する基本事項
- ・2024年9月の薬事審議会における課題
- ・メフィーゴパック薬品管理報告のデジタル化
- ・メフィーゴパック無床診拡大に向けた義務講習

35

無床診への運用に関する限定解除の課題

- ・予想よりも普及スピードが緩慢で、地方での使用実績が極端に少ない
- ・反対派を説得するには、安全性や有効性の実績だけでなく、経口中絶薬治療に対する社会的な認知に、もう少し時間が必要
- ・無床診に対して合併症対応等に関する義務講習が必要
- ・無床診に限定解除前に報告システムの整備(デジタル化)が必要

→ 日本医師会母体保護法等に関する検討委員会から

日本産婦人科医会に下記調査依頼がなされた

「経口中絶薬薬品管理に関するアンケート調査」

調査期間：令和6年12月2日～12月23日

回答都道府県：39都道府県

(神奈川、長野、富山、岐阜、兵庫、香川、愛媛、山口県以外)

36

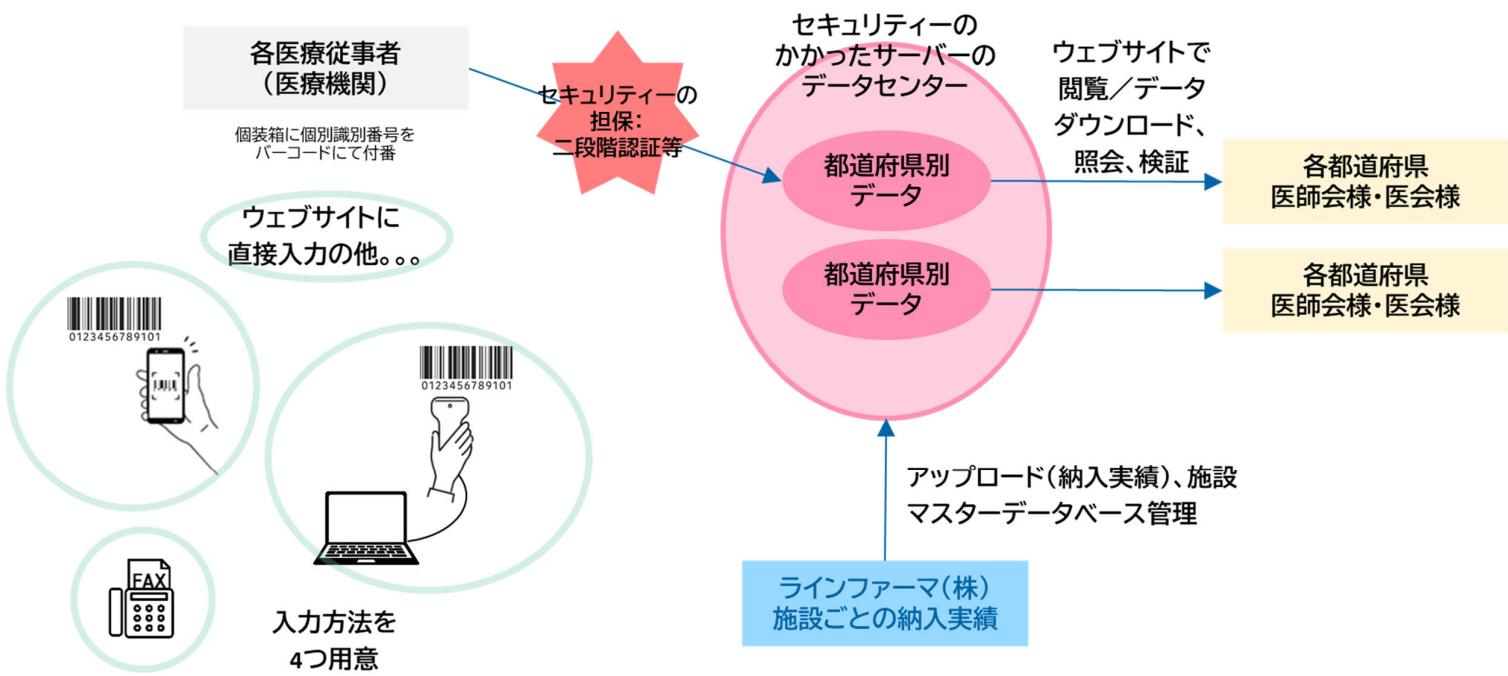
メフィーゴパック納品・施用実績照会システム

- ・2025年内にシステム完成予定
- ・2026年1~3月 施設限定で試験運用
- ・2026年4月 本格運用（全国展開）

システム構築・維持費用は
製薬会社（ラインファーマ社）負担

37

システムのイメージ



シールカード:個装箱に個別識別番号をバーコードにて付番



メフィーゴ®パック NORDIC PHARMA	患者名: カルテ番号:
日付: 年月日	日付: 年月日
1剤目 ミフェプリストン メフィーゴパック施用報告用コード シリアルNo: A123456037	2剤目 ミソプロストール メフィーゴパック施用報告用コード シリアルNo: B123456395

シールカードをミフェプリストン・ミソプロストール個装箱の上に乗せて封緘

- 中に入れる事によって不正にスキヤンすることを防げる

(シミック株式会社スライド)³⁹

システム開発 全体像

利用者を4つのアカウントグループに分け、それぞれ利用できる機能が切り分けられたシステム構成

- アカウント修正/削除
- 施用実績代行登録



- アカウント発行
- アカウント修正/削除
- マスター登録
- 納入実績登録
- データ抽出

当日のプレゼンテーションは主にGroup C: 医療機関、Group D: 医師会・医会を中心に行います。

- 納入受入登録(在庫登録)
- 施用実績登録
- データ抽出
- 通知機能

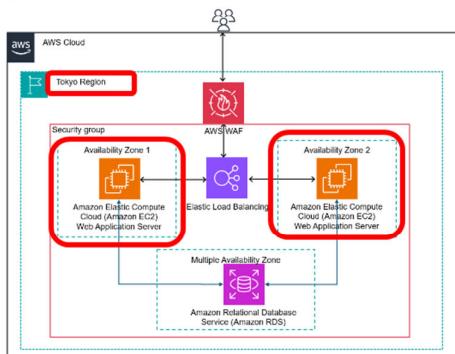
- 施用報告書ダウンロード
- データ抽出・修正・アップロード
- 医師アカウント一覧
- 催促

(シミック株式会社スライド)⁴⁰

インフラ・セキュリティ対策

サーバは、AWS(データセンターは日本国内)での構築予定です。
2台構築で冗長性を担保致します。

セキュリティ対策として、
WAFとDeep Securityの
導入をお勧めします。
セキュリティ監視を24時間
365日対応としています。



WAF	第7層 アプリケーション層	HTTP/FTP
Deep Security	第6層 プレゼンテーション層	TCP/UDP
	第5層 セッション層	IPアドレス
	第4層 トランスポート層	LAN/MACアドレス
AWS 設定	第3層 ネットワーク層	
	第2層 データリンク層	
	第1層 物理層	リピータ/ハブ

【脆弱性診断】

脆弱性管理方針に基づき、毎年「脆弱性診断」を実施し、セキュアなシステムを維持管理しています。



シミック株式会社と

シミックソリューションズ株式会社 ビジネスソリューションズ統括本部 ICT部は、

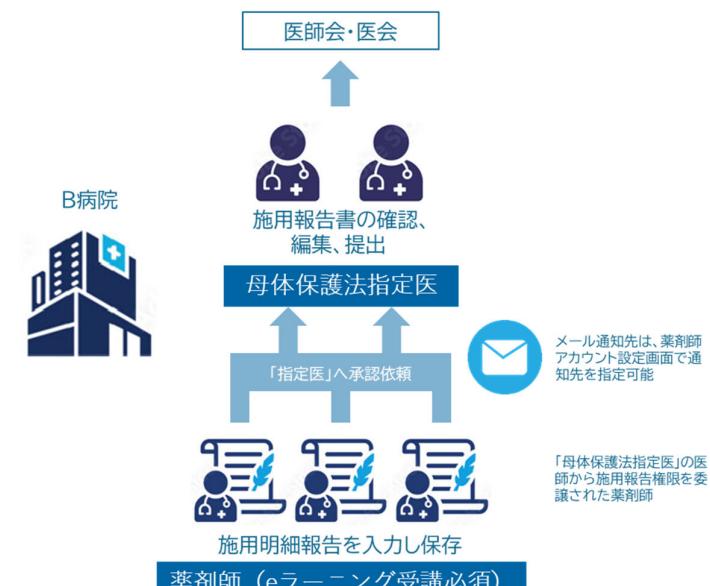
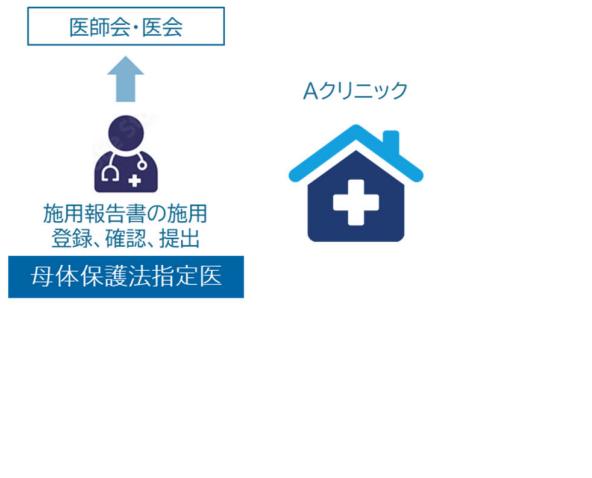
ISMSに関する国際規格である「JIS Q 27001:2014(ISO/IEC 27001:2013)」ISMS認証を取得しています。

※企業・組織の情報を守るためにマネジメントシステムのこと、Information Security Management System「情報セキュリティマネジメントシステム」の略称です。

(シミック株式会社スライド⁴¹)

施用明細報告の権限

- 母体保護法指定医(メフィーゴ®パック施用登録医)が一人のクリニックでは、指定医が報告書の施用登録、確認、提出のすべてを行う
- 管理薬剤師がメフィーゴパックを管理している病院では、必要に応じて指定医が施用報告の入力権限を薬剤師に委譲でき、指定医が内容を確認し、報告する



(シミック株式会社スライド⁴²)

C-1. 施用明細報告登録(登録ページ)→母体保護法指定医版

メフィーゴ®パック デジタル照合システム MEFEEGO Pack-Digital verification system

logout

メフィーゴ®パック（ミフェブリストン及びミソプロストール）施用明細報告登録

施用明細報告ID: XXXXXXXX

医療機関名: ●●大学附属病院

管理者名:

指定医師名:

	年月日	カルテ番号 氏名	妊娠週数	シリアル番号	施用数量	未使用数	在庫数	返品数	備考 (未使用・返品がある場合は理由を記入する)
<input checked="" type="checkbox"/> <input type="button" value="履歴コード表示"/>	<input type="text"/>	カルテ番号 <input type="text"/> 氏名 <input type="text"/>	<input type="button" value="週"/> <input type="button" value="日"/>	1回目: ミフェブリストン 2回目: ミソプロストール	1回目: ミフェブリストン 2回目: ミソプロストール	1回目: ミフェブリストン 2回目: ミソプロストール	ミフェブリストン ミソプロストール	4 箱	<input type="text"/>

一括処理 :

現在庫から施用
数量が差引きられ、
在庫数量が自動
計算される

報告書を登録

注1) 購入数量及び在庫数は、メフィーゴ®パックとしての数量を記載する。施用数量及び未使用数は、ミフェブリストンまたはミソプロストールの内箱としての数量を記載する。
注2) 原則として、未使用の薬剤(1剤目または2剤目)がある場合は、医療機関における廃棄はせずに、購入先の卸に返品すること。

<input type="checkbox"/> XXXXXXXX	<input type="checkbox"/> XXXXXXXX	<input type="checkbox"/> XXXXXXXX	<input type="checkbox"/> XXXXXXXX	0	週	0	日	0	0	0	0	0	0	<input type="button" value="集計"/> <input type="button" value="削除"/>
<input type="checkbox"/> XXXXXXXX	<input type="checkbox"/> XXXXXXXX	<input type="checkbox"/> XXXXXXXX	<input type="checkbox"/> XXXXXXXX	0	週	0	日	0	0	0	0	0	0	<input type="button" value="集計"/> <input type="button" value="削除"/>

行数: 10 ▼ 移動: ◀ 1~10/899 ▶

※下部には共通フッターが表示されます

一覧ページの「新規施用明細報告登録」ボタンを押すと、編集画面がポップアップ表示

母体保護法指定医アカウント
からのアクセスの場合、報告書
をダイレクトに登録が可能

施用明細報告の登録方法を
複数用意する想定

- ①画面に直接入力
 - ②バーコード等で製品情報を自動入力
(バーコードリーダーやスマホ)
 - ③FAX送信
(事務局による代行登録)

(シミック株式会社スライド)⁴³

C-1.施用明細報告登録(バーコード読取の流れ)

```

graph LR
    A[1剤目ミフェブリストン  
バーコード] --> B[2剤目ミソプロストール  
バーコード]
    B --> C[1剤目、2剤目のシリアル番号がDB  
登録番号と一致するか照合処理]
    C --> D[完了]
    style A fill:#f0f0ff,stroke:#3399cc,color:#3399cc
    style B fill:#f0f0ff,stroke:#3399cc,color:#3399cc
    style C fill:#f0f0ff,stroke:#3399cc,color:#3399cc
    style D fill:#3399cc,color:#fff
    
```

1剤目ミフェブリストン(Mifepristone)のバーコードをスキャンしてください

1剤目 ミフェブリストン
メフィーバック適用報告用コード

シリアルNo: A123456037

Lot No. 123456
使用期限 EXP 2026-01
シリアル番号 ABCDEFG123456

SCAN

1剤のみ使用、2剤目保留データが存在するかチェック処理

PENDING DATA

DB

1剤目ミソプロストール(Misoprostol)のバーコードをスキャンしてください

2剤目 ミソプロストール
メフィーバック適用報告用コード

シリアルNo: B123456395

Lot No. 789012
使用期限 EXP 2025-05
シリアル番号 HIJKLMN789012

SCAN

1剤目、2剤目のシリアル番号がDB登録番号と一致するか照合処理

読み取を完了しました。
読み取った情報をご確認ください。

1剤目ミフェブリストン
(Mifepristone)
ロット番号:123456
使用期限:2026/01/31
シリアル番号:ABCDEG123456

2剤目ミソプロストール
(Misoprostol)
ロット番号:789012
使用期限:2025/05/31
シリアル番号:HIJKLMN789012

宜しければ完了ボタンを押してください

完了

エラーが発生するケース:

1剤目SKIP時保留データが存在しない場合、未登録シリアル番号、すでに照合済シリアル番号、2剤の組合せアンマッチ

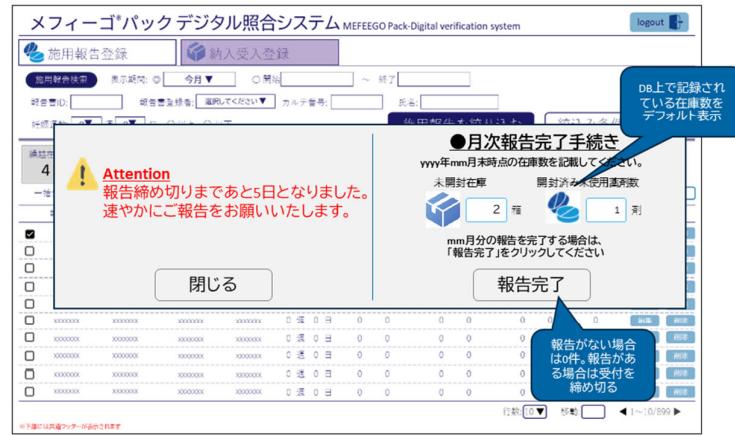
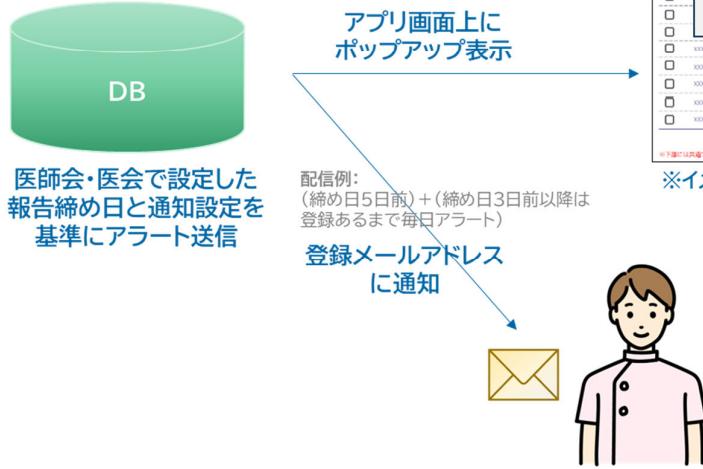
(シミック株式会社スライド)

C-1. 施用明細報告登録(締め切り・アラート通知)

締め切りが近づくと、報告アラートがポップアップ表示され、各施設のアカウント保持者へもメール送信されます。

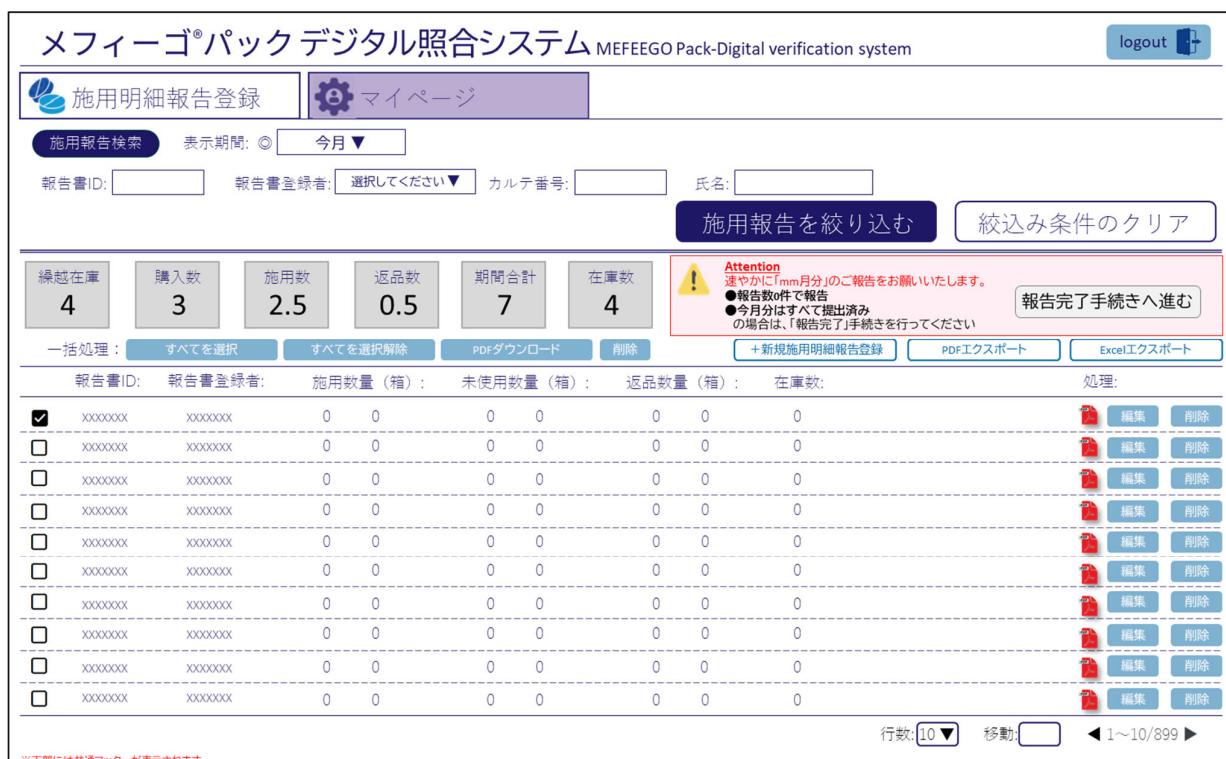
アラート画面には、アラート停止に必要な「月次報告完了手続き」を同時表示。

月末の在庫数を入れて「報告完了」ボタンを押す。



「報告完了」をクリックした場合は、アラートを停止する

C-1.施用明細報告書登録(一覧ページ)



アラート期間中は、ポップアップ表示を閉じた状態でも、「報告完了」アラートを画面上に表示する。

「報告完了」後は、アラート表示を消す。

(シミック株式会社スライド)

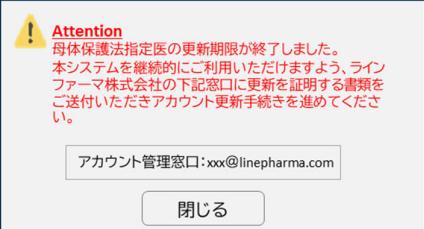
母体保護法指定医(アラート通知)

- 母体保護法指定医アカウントの指定医期限が超過した場合にポップアップアラート+メール通知を実施する

「母体保護法指定医」の更新期限1ヶ月前にアラート表示を行う



「母体保護法指定医」の更新期限翌日にアラート表示を行う



アラートの1ヶ月後に再度アラート表示を行う



(シミック株式会社スライド)

Group D: 医師会・医会アカウントの必要機能

1. マイページ(締め切り・アラート通知設定)
2. 施用報告書ダウンロード
3. 登録医アカウント一覧
4. 母体保護法指定期限日の閲覧・編集

(シミック株式会社スライド)

D-1. マイページ(締め切り・アラート通知設定)

メフィーゴ®パック デジタル照合システム MEFEEGO Pack-Digital verification system

logout 

使用報告集計 医師アカウント一覧 マイページ

●●県医師会 マイページ

▼提出締め切り設定

(締め日)

末 日

配信対象は全所属施設
「報告完了」をクリックした場合は、
リマインドを停止する

(報告期限)

翌月 15 日

(都道府県への報告タイミング)

翌月 15 日

設定を変更

▼定型アラート自動通知設定

(締め日5日前) 通知する 通知しない

(締め日前日) 通知する 通知しない

(締め日当日) 通知する 通知しない

(締め日翌日以降) 通知する 通知しない
繰返し設定

繰り返し回数

1 回

繰り返し間隔日数

1 日

都道府県への報告締め切りを
設定・定義する

定型の通知アラート設定を設置する

(シミック株式会社スライド)⁴⁹

D-2. 使用報告集計(一覧ページ)

メフィーゴ®パックデジタル照合システム MEFEEGO Pack-Digital verification system

logout

所属施設の使用報告(当月)の一覧をデフォルト表示

使用報告を絞り込む機能を設置

削除を一括処理を行う機能

個別に報告書様式のPDFをダウンロードする機能

個別に編集・削除を行う機能

違算施設への一斉メールを送る機能

違算施設アラートアイコン表示

絞り込んだ施用明細データのエクスポートを行う機能

使用報告の一括修正を行ったデータインポート(上書き)を行う機能

表示行数やページ移動、ペギング機能を付加
(行数設定をブラウザ単位で記憶)

Clickで昇順・降順にソート

使用報告集計 医師アカウント一覧 マイページ

使用報告検索 表示期間: ◀ ●月 ▶ ○違算データあり ○未提出

使用報告ID: [] 市区町村: [] 選択してください▼ DCFコード: [] 医療機関名称: []

使用報告を絞り込む 絞込み条件のクリア

継越在庫 54 購入数 53 施用数 52.5 返品数 10.5 期間合計 107 在庫数 44

一括処理: オン/off オン:すべてを選択 オフ:すべてを選択解除 PDFダウンロード 削除 +違算施設へ一斉メール インポート エクスポート

医療機関ID	医療機関名	継越在庫	購入数	施用数	返品数	期間合計	在庫数	納入数	未提出	違算データあり	処理
XXXXXX	●●病院	0	0	0	0	0	0	0	0	違算データあり	[詳細] [削除]
XXXXXX	前月から の繰り越 し在庫数	0	0	0	0	0	0	0	未提出	[詳細] [削除]	
XXXXXX	●●大手川	0	0	0	0	0	0	0	未提出	[詳細] [削除]	
XXXXXX	●●病院	0	0	0	0	0	0	0	未提出	[詳細] [削除]	
XXXXXX	●●クリニック	0	0	0	0	0	0	0	未提出	[詳細] [削除]	
XXXXXX	●●診療所	0	0	0	0	0	0	0	未提出	[詳細] [削除]	
XXXXXX	●●大手川	0	0	0	0	0	0	0	未提出	[詳細] [削除]	
XXXXXX	Clickで昇順・ 降順にソート	0	0	0	0	0	0	0	未提出	[詳細] [削除]	
XXXXXX		0	0	0	0	0	0	0	未提出	[詳細] [削除]	

違算データ等発生時、医療機関側への修正等を依頼する場合は、次ページの修正依頼を使用。行数: 10 ▾ 移動: [] ◀ 1~10/899 ▶

医师会・医会自ら修正する場合は、編集ボタンから修正を加えていただく。

所属施設の使用報告(当月)の一覧をデフォルト表示

使用報告を絞り込む機能を設置

削除を一括処理を行う機能

個別に編集・削除を行える機能

違算施設への一斉メールを送る機能

違算施設アラートアイコン表示

絞り込んだ施用明細データの
エクスポートを行う機能

使用報告の「指修正」を行った
データインポート(上書き)を行なう機能

表示行数やページ移動、ページング機能を付加
(行数設定をブラウザ単位で記憶)

(シミック株式会社スライド)

D-3.提出催促・データ修正依頼

メフィーゴ®パック デジタル照合システム MEFEEGO Pack-Digital verification system
logout

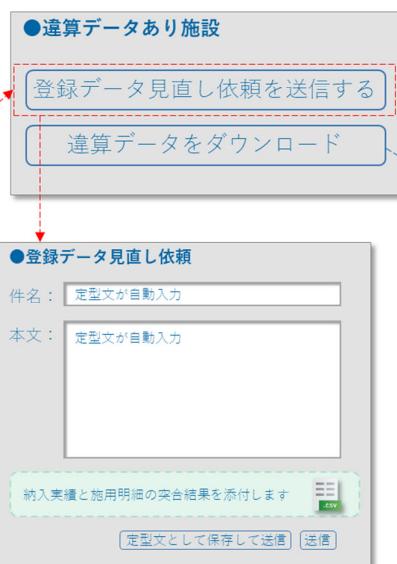
使用報告集計
 マイページ

使用報告検索
表示期間: 今月 ▼
開始
~ 終了
○ 追記アースあり

使用取扱ID:
内区町村: 検索してください▼
DXFコード:
苗字姓氏名:

使用報告を絞り込む
絞込み条件のクリア

通算在庫 54	購入数 53	販売数 52.5	返品数 10.5	期間合計 107	在庫割 44																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
一括処理: <input type="checkbox"/> 全てを選択 <input type="checkbox"/> すべてで選択解除 <input type="checkbox"/> ダイレクトメール <input type="checkbox"/> インポート <input type="checkbox"/> エクスポート																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>発送済みID</th> <th>発送済み名</th> <th>発送済み在庫</th> <th>購入数(箱)</th> <th>販売数(箱)</th> <th>返品数(箱)</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> 00000000</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000001</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000002</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000003</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000004</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000005</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000006</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000007</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000008</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000009</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000010</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000011</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000012</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000013</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000014</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000015</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000016</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000017</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000018</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000019</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000020</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000021</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000022</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000023</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000024</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000025</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000026</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000027</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000028</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000029</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000030</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000031</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000032</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000033</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000034</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000035</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000036</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000037</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000038</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000039</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000040</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000041</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000042</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000043</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000044</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000045</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000046</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000047</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000048</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000049</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000050</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000051</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000052</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000053</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000054</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000055</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000056</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000057</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000058</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000059</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000060</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000061</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000062</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000063</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000064</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000065</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000066</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000067</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000068</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000069</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000070</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000071</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000072</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000073</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000074</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000075</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000076</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000077</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000078</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000079</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000080</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000081</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000082</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000083</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000084</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000085</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000086</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000087</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000088</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000089</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000090</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000091</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000092</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000093</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000094</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000095</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000096</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000097</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000098</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000099</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000100</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000101</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000102</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000103</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000104</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000105</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000106</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000107</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000108</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000109</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000110</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000111</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000112</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000113</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000114</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000115</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000116</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000117</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000118</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000119</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000120</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000121</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000122</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000123</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000124</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000125</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000126</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000127</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000128</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000129</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000130</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000131</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000132</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000133</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000134</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000135</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000136</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000137</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000138</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000139</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000140</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000141</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000142</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000143</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000144</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000145</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000146</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000147</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000148</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000149</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000150</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000151</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000152</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000153</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000154</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000155</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000156</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000157</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000158</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000159</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000160</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000161</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000162</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000163</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000164</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000165</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000166</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000167</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000168</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000169</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000170</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000171</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000172</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000173</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000174</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000175</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000176</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000177</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000178</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000179</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000180</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000181</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000182</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000183</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000184</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000185</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000186</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000187</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000188</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000189</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000190</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000191</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000192</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000193</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000194</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000195</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000196</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000197</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000198</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000199</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000200</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000201</td> <td>●●●●●</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> 00000202</td> <td>●●</td></tr></tbody></table>						発送済みID	発送済み名	発送済み在庫	購入数(箱)	販売数(箱)	返品数(箱)	<input checked="" type="checkbox"/> 00000000	●●●●●	0	0	0	0	<input type="checkbox"/> 00000001	●●●●●	0	0	0	0	<input type="checkbox"/> 00000002	●●●●●	0	0	0	0	<input type="checkbox"/> 00000003	●●●●●	0	0	0	0	<input type="checkbox"/> 00000004	●●●●●	0	0	0	0	<input type="checkbox"/> 00000005	●●●●●	0	0	0	0	<input type="checkbox"/> 00000006	●●●●●	0	0	0	0	<input type="checkbox"/> 00000007	●●●●●	0	0	0	0	<input type="checkbox"/> 00000008	●●●●●	0	0	0	0	<input type="checkbox"/> 00000009	●●●●●	0	0	0	0	<input type="checkbox"/> 00000010	●●●●●	0	0	0	0	<input type="checkbox"/> 00000011	●●●●●	0	0	0	0	<input type="checkbox"/> 00000012	●●●●●	0	0	0	0	<input type="checkbox"/> 00000013	●●●●●	0	0	0	0	<input type="checkbox"/> 00000014	●●●●●	0	0	0	0	<input type="checkbox"/> 00000015	●●●●●	0	0	0	0	<input type="checkbox"/> 00000016	●●●●●	0	0	0	0	<input type="checkbox"/> 00000017	●●●●●	0	0	0	0	<input type="checkbox"/> 00000018	●●●●●	0	0	0	0	<input type="checkbox"/> 00000019	●●●●●	0	0	0	0	<input type="checkbox"/> 00000020	●●●●●	0	0	0	0	<input type="checkbox"/> 00000021	●●●●●	0	0	0	0	<input type="checkbox"/> 00000022	●●●●●	0	0	0	0	<input type="checkbox"/> 00000023	●●●●●	0	0	0	0	<input type="checkbox"/> 00000024	●●●●●	0	0	0	0	<input type="checkbox"/> 00000025	●●●●●	0	0	0	0	<input type="checkbox"/> 00000026	●●●●●	0	0	0	0	<input type="checkbox"/> 00000027	●●●●●	0	0	0	0	<input type="checkbox"/> 00000028	●●●●●	0	0	0	0	<input type="checkbox"/> 00000029	●●●●●	0	0	0	0	<input type="checkbox"/> 00000030	●●●●●	0	0	0	0	<input type="checkbox"/> 00000031	●●●●●	0	0	0	0	<input type="checkbox"/> 00000032	●●●●●	0	0	0	0	<input type="checkbox"/> 00000033	●●●●●	0	0	0	0	<input type="checkbox"/> 00000034	●●●●●	0	0	0	0	<input type="checkbox"/> 00000035	●●●●●	0	0	0	0	<input type="checkbox"/> 00000036	●●●●●	0	0	0	0	<input type="checkbox"/> 00000037	●●●●●	0	0	0	0	<input type="checkbox"/> 00000038	●●●●●	0	0	0	0	<input type="checkbox"/> 00000039	●●●●●	0	0	0	0	<input type="checkbox"/> 00000040	●●●●●	0	0	0	0	<input type="checkbox"/> 00000041	●●●●●	0	0	0	0	<input type="checkbox"/> 00000042	●●●●●	0	0	0	0	<input type="checkbox"/> 00000043	●●●●●	0	0	0	0	<input type="checkbox"/> 00000044	●●●●●	0	0	0	0	<input type="checkbox"/> 00000045	●●●●●	0	0	0	0	<input type="checkbox"/> 00000046	●●●●●	0	0	0	0	<input type="checkbox"/> 00000047	●●●●●	0	0	0	0	<input type="checkbox"/> 00000048	●●●●●	0	0	0	0	<input type="checkbox"/> 00000049	●●●●●	0	0	0	0	<input type="checkbox"/> 00000050	●●●●●	0	0	0	0	<input type="checkbox"/> 00000051	●●●●●	0	0	0	0	<input type="checkbox"/> 00000052	●●●●●	0	0	0	0	<input type="checkbox"/> 00000053	●●●●●	0	0	0	0	<input type="checkbox"/> 00000054	●●●●●	0	0	0	0	<input type="checkbox"/> 00000055	●●●●●	0	0	0	0	<input type="checkbox"/> 00000056	●●●●●	0	0	0	0	<input type="checkbox"/> 00000057	●●●●●	0	0	0	0	<input type="checkbox"/> 00000058	●●●●●	0	0	0	0	<input type="checkbox"/> 00000059	●●●●●	0	0	0	0	<input type="checkbox"/> 00000060	●●●●●	0	0	0	0	<input type="checkbox"/> 00000061	●●●●●	0	0	0	0	<input type="checkbox"/> 00000062	●●●●●	0	0	0	0	<input type="checkbox"/> 00000063	●●●●●	0	0	0	0	<input type="checkbox"/> 00000064	●●●●●	0	0	0	0	<input type="checkbox"/> 00000065	●●●●●	0	0	0	0	<input type="checkbox"/> 00000066	●●●●●	0	0	0	0	<input type="checkbox"/> 00000067	●●●●●	0	0	0	0	<input type="checkbox"/> 00000068	●●●●●	0	0	0	0	<input type="checkbox"/> 00000069	●●●●●	0	0	0	0	<input type="checkbox"/> 00000070	●●●●●	0	0	0	0	<input type="checkbox"/> 00000071	●●●●●	0	0	0	0	<input type="checkbox"/> 00000072	●●●●●	0	0	0	0	<input type="checkbox"/> 00000073	●●●●●	0	0	0	0	<input type="checkbox"/> 00000074	●●●●●	0	0	0	0	<input type="checkbox"/> 00000075	●●●●●	0	0	0	0	<input type="checkbox"/> 00000076	●●●●●	0	0	0	0	<input type="checkbox"/> 00000077	●●●●●	0	0	0	0	<input type="checkbox"/> 00000078	●●●●●	0	0	0	0	<input type="checkbox"/> 00000079	●●●●●	0	0	0	0	<input type="checkbox"/> 00000080	●●●●●	0	0	0	0	<input type="checkbox"/> 00000081	●●●●●	0	0	0	0	<input type="checkbox"/> 00000082	●●●●●	0	0	0	0	<input type="checkbox"/> 00000083	●●●●●	0	0	0	0	<input type="checkbox"/> 00000084	●●●●●	0	0	0	0	<input type="checkbox"/> 00000085	●●●●●	0	0	0	0	<input type="checkbox"/> 00000086	●●●●●	0	0	0	0	<input type="checkbox"/> 00000087	●●●●●	0	0	0	0	<input type="checkbox"/> 00000088	●●●●●	0	0	0	0	<input type="checkbox"/> 00000089	●●●●●	0	0	0	0	<input type="checkbox"/> 00000090	●●●●●	0	0	0	0	<input type="checkbox"/> 00000091	●●●●●	0	0	0	0	<input type="checkbox"/> 00000092	●●●●●	0	0	0	0	<input type="checkbox"/> 00000093	●●●●●	0	0	0	0	<input type="checkbox"/> 00000094	●●●●●	0	0	0	0	<input type="checkbox"/> 00000095	●●●●●	0	0	0	0	<input type="checkbox"/> 00000096	●●●●●	0	0	0	0	<input type="checkbox"/> 00000097	●●●●●	0	0	0	0	<input type="checkbox"/> 00000098	●●●●●	0	0	0	0	<input type="checkbox"/> 00000099	●●●●●	0	0	0	0	<input type="checkbox"/> 00000100	●●●●●	0	0	0	0	<input type="checkbox"/> 00000101	●●●●●	0	0	0	0	<input type="checkbox"/> 00000102	●●●●●	0	0	0	0	<input type="checkbox"/> 00000103	●●●●●	0	0	0	0	<input type="checkbox"/> 00000104	●●●●●	0	0	0	0	<input type="checkbox"/> 00000105	●●●●●	0	0	0	0	<input type="checkbox"/> 00000106	●●●●●	0	0	0	0	<input type="checkbox"/> 00000107	●●●●●	0	0	0	0	<input type="checkbox"/> 00000108	●●●●●	0	0	0	0	<input type="checkbox"/> 00000109	●●●●●	0	0	0	0	<input type="checkbox"/> 00000110	●●●●●	0	0	0	0	<input type="checkbox"/> 00000111	●●●●●	0	0	0	0	<input type="checkbox"/> 00000112	●●●●●	0	0	0	0	<input type="checkbox"/> 00000113	●●●●●	0	0	0	0	<input type="checkbox"/> 00000114	●●●●●	0	0	0	0	<input type="checkbox"/> 00000115	●●●●●	0	0	0	0	<input type="checkbox"/> 00000116	●●●●●	0	0	0	0	<input type="checkbox"/> 00000117	●●●●●	0	0	0	0	<input type="checkbox"/> 00000118	●●●●●	0	0	0	0	<input type="checkbox"/> 00000119	●●●●●	0	0	0	0	<input type="checkbox"/> 00000120	●●●●●	0	0	0	0	<input type="checkbox"/> 00000121	●●●●●	0	0	0	0	<input type="checkbox"/> 00000122	●●●●●	0	0	0	0	<input type="checkbox"/> 00000123	●●●●●	0	0	0	0	<input type="checkbox"/> 00000124	●●●●●	0	0	0	0	<input type="checkbox"/> 00000125	●●●●●	0	0	0	0	<input type="checkbox"/> 00000126	●●●●●	0	0	0	0	<input type="checkbox"/> 00000127	●●●●●	0	0	0	0	<input type="checkbox"/> 00000128	●●●●●	0	0	0	0	<input type="checkbox"/> 00000129	●●●●●	0	0	0	0	<input type="checkbox"/> 00000130	●●●●●	0	0	0	0	<input type="checkbox"/> 00000131	●●●●●	0	0	0	0	<input type="checkbox"/> 00000132	●●●●●	0	0	0	0	<input type="checkbox"/> 00000133	●●●●●	0	0	0	0	<input type="checkbox"/> 00000134	●●●●●	0	0	0	0	<input type="checkbox"/> 00000135	●●●●●	0	0	0	0	<input type="checkbox"/> 00000136	●●●●●	0	0	0	0	<input type="checkbox"/> 00000137	●●●●●	0	0	0	0	<input type="checkbox"/> 00000138	●●●●●	0	0	0	0	<input type="checkbox"/> 00000139	●●●●●	0	0	0	0	<input type="checkbox"/> 00000140	●●●●●	0	0	0	0	<input type="checkbox"/> 00000141	●●●●●	0	0	0	0	<input type="checkbox"/> 00000142	●●●●●	0	0	0	0	<input type="checkbox"/> 00000143	●●●●●	0	0	0	0	<input type="checkbox"/> 00000144	●●●●●	0	0	0	0	<input type="checkbox"/> 00000145	●●●●●	0	0	0	0	<input type="checkbox"/> 00000146	●●●●●	0	0	0	0	<input type="checkbox"/> 00000147	●●●●●	0	0	0	0	<input type="checkbox"/> 00000148	●●●●●	0	0	0	0	<input type="checkbox"/> 00000149	●●●●●	0	0	0	0	<input type="checkbox"/> 00000150	●●●●●	0	0	0	0	<input type="checkbox"/> 00000151	●●●●●	0	0	0	0	<input type="checkbox"/> 00000152	●●●●●	0	0	0	0	<input type="checkbox"/> 00000153	●●●●●	0	0	0	0	<input type="checkbox"/> 00000154	●●●●●	0	0	0	0	<input type="checkbox"/> 00000155	●●●●●	0	0	0	0	<input type="checkbox"/> 00000156	●●●●●	0	0	0	0	<input type="checkbox"/> 00000157	●●●●●	0	0	0	0	<input type="checkbox"/> 00000158	●●●●●	0	0	0	0	<input type="checkbox"/> 00000159	●●●●●	0	0	0	0	<input type="checkbox"/> 00000160	●●●●●	0	0	0	0	<input type="checkbox"/> 00000161	●●●●●	0	0	0	0	<input type="checkbox"/> 00000162	●●●●●	0	0	0	0	<input type="checkbox"/> 00000163	●●●●●	0	0	0	0	<input type="checkbox"/> 00000164	●●●●●	0	0	0	0	<input type="checkbox"/> 00000165	●●●●●	0	0	0	0	<input type="checkbox"/> 00000166	●●●●●	0	0	0	0	<input type="checkbox"/> 00000167	●●●●●	0	0	0	0	<input type="checkbox"/> 00000168	●●●●●	0	0	0	0	<input type="checkbox"/> 00000169	●●●●●	0	0	0	0	<input type="checkbox"/> 00000170	●●●●●	0	0	0	0	<input type="checkbox"/> 00000171	●●●●●	0	0	0	0	<input type="checkbox"/> 00000172	●●●●●	0	0	0	0	<input type="checkbox"/> 00000173	●●●●●	0	0	0	0	<input type="checkbox"/> 00000174	●●●●●	0	0	0	0	<input type="checkbox"/> 00000175	●●●●●	0	0	0	0	<input type="checkbox"/> 00000176	●●●●●	0	0	0	0	<input type="checkbox"/> 00000177	●●●●●	0	0	0	0	<input type="checkbox"/> 00000178	●●●●●	0	0	0	0	<input type="checkbox"/> 00000179	●●●●●	0	0	0	0	<input type="checkbox"/> 00000180	●●●●●	0	0	0	0	<input type="checkbox"/> 00000181	●●●●●	0	0	0	0	<input type="checkbox"/> 00000182	●●●●●	0	0	0	0	<input type="checkbox"/> 00000183	●●●●●	0	0	0	0	<input type="checkbox"/> 00000184	●●●●●	0	0	0	0	<input type="checkbox"/> 00000185	●●●●●	0	0	0	0	<input type="checkbox"/> 00000186	●●●●●	0	0	0	0	<input type="checkbox"/> 00000187	●●●●●	0	0	0	0	<input type="checkbox"/> 00000188	●●●●●	0	0	0	0	<input type="checkbox"/> 00000189	●●●●●	0	0	0	0	<input type="checkbox"/> 00000190	●●●●●	0	0	0	0	<input type="checkbox"/> 00000191	●●●●●	0	0	0	0	<input type="checkbox"/> 00000192	●●●●●	0	0	0	0	<input type="checkbox"/> 00000193	●●●●●	0	0	0	0	<input type="checkbox"/> 00000194	●●●●●	0	0	0	0	<input type="checkbox"/> 00000195	●●●●●	0	0	0	0	<input type="checkbox"/> 00000196	●●●●●	0	0	0	0	<input type="checkbox"/> 00000197	●●●●●	0	0	0	0	<input type="checkbox"/> 00000198	●●●●●	0	0	0	0	<input type="checkbox"/> 00000199	●●●●●	0	0	0	0	<input type="checkbox"/> 00000200	●●●●●	0	0	0	0	<input type="checkbox"/> 00000201	●●●●●	0	0	0	0	<input type="checkbox"/> 00000202	●●
発送済みID	発送済み名	発送済み在庫	購入数(箱)	販売数(箱)	返品数(箱)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input checked="" type="checkbox"/> 00000000	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000001	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000002	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000003	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000004	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000005	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000006	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000007	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000008	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000009	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000010	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000011	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000012	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000013	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000014	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000015	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000016	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000017	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000018	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000019	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000020	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000021	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000022	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000023	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000024	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000025	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000026	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000027	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000028	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000029	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000030	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000031	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000032	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000033	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000034	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000035	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000036	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000037	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000038	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000039	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000040	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000041	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000042	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000043	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000044	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000045	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000046	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000047	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000048	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000049	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000050	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000051	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000052	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000053	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000054	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000055	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000056	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000057	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000058	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000059	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000060	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000061	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000062	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000063	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000064	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000065	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000066	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000067	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000068	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000069	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000070	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000071	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000072	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000073	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000074	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000075	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000076	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000077	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000078	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000079	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000080	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000081	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000082	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000083	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000084	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000085	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000086	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000087	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000088	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000089	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000090	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000091	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000092	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000093	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000094	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000095	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000096	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000097	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000098	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000099	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000100	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000101	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000102	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000103	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000104	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000105	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000106	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000107	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000108	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000109	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000110	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000111	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000112	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000113	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000114	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000115	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000116	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000117	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000118	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000119	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000120	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000121	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000122	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000123	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000124	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000125	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000126	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000127	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000128	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000129	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000130	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000131	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000132	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000133	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000134	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000135	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000136	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000137	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000138	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000139	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000140	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000141	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000142	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000143	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000144	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000145	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000146	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000147	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000148	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000149	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000150	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000151	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000152	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000153	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000154	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000155	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000156	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000157	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000158	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000159	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000160	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000161	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000162	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000163	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000164	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000165	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000166	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000167	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000168	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000169	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000170	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000171	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000172	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000173	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000174	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000175	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000176	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000177	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000178	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000179	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000180	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000181	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000182	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000183	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000184	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000185	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000186	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000187	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000188	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000189	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000190	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000191	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000192	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000193	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000194	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000195	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000196	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000197	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000198	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000199	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000200	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000201	●●●●●	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/> 00000202	●●																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								



納入実績と施用明細の突合結果 (アンマッチ箇所)

医療機関とラインファーマに送信

(シミック株式会社スライド)⁵¹

D. 使用報告集計データのエクスポート

使用報告データは2種の形式にエクスポートが可能

メフィーゴ®パックデジタル照合システム MEFEEGO Pack-Digital verification system

[logout](#)

| 使用報告集計

 | マイページ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

<input type="button" value="使用報告検索"/> 表示期間: <input type="text" value="月"/> ○ 通常データあり 使用報告ID: <input type="text"/> 市区町村: <input type="text"/> 指定してください ▾ DCFコード: <input type="text"/> 医療施設名: <input type="text"/>

 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="button" value="使用報告を絞り込む"/> 絞込み条件のクリア

 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>通販在庫</th> <th>購入数</th> <th>発送数</th> <th>返品数</th> <th>額度合計</th> <th>在庫数</th> </tr> <tr> <td>54</td> <td>53</td> <td>52.5</td> <td>10.5</td> <td>107</td> <td>44</td> </tr> </table>

 | | 通販在庫 | 購入数 | 発送数 | 返品数 | 額度合計 | 在庫数 | 54 | 53 | 52.5 | 10.5 | 107 | 44
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通販在庫

 | 購入数 | 発送数 | 返品数 | 額度合計 | 在庫数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 54

 | 53 | 52.5 | 10.5 | 107 | 44 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 一括選択: <input type="checkbox"/> 全てを選択 <input type="checkbox"/> すべてを選択解除 <input type="button" value="PDFダウンロード"/> <input type="button" value="Excel"/> +選択肢毎へメール <input type="button" value="インポート"/> <input type="button" value="エクスポート"/>

 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 使用報告ID: <input type="text"/> 医療施設名: <input type="text"/> 通販在庫: <input type="text"/> 購入数: <input type="text"/> 発送数量(箱): <input type="text"/> 未発送数量(箱): <input type="text"/> 返品数量(箱): <input type="text"/> 在庫数: <input type="text"/> 選択データあり <input type="button" value="削除"/>

 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>通販在庫ID</th> <th>医療施設名</th> <th>通販在庫</th> <th>購入数</th> <th>発送数量(箱)</th> <th>未発送数量(箱)</th> <th>返品数量(箱)</th> <th>在庫数</th> <th>選択データあり</th> <th>削除</th> <th>詳細</th> <th>再登録</th> <th>削除</th> <th>詳細</th> <th>再登録</th> </tr> </thead> <tbody> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input checked="" type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr>
<tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input
type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td><input type="checkbox"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td><td><input type="button" value="削除"/></td><td><input type="button" value="詳細"/></td><td><input type="button" value="再登録"/></td></tr> <tr><td>XXXXXX</td><td>●●●●●</td><td>0</td><td>0</td><</tr></tbody></table> | | 通販在庫ID | 医療施設名 | 通販在庫 | 購入数 | 発送数量(箱) | 未発送数量(箱) | 返品数量(箱) | 在庫数 | 選択データあり | 削除 | 詳細
 | 再登録 | 削除 | 詳細 | 再登録 | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input checked="" type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button"
value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input
type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | XXXXXX | ●●●●● | 0 | 0 |
| 通販在庫ID

 | 医療施設名 | 通販在庫 | 購入数 | 発送数量(箱) | 未発送数量(箱) | 返品数量(箱) | 在庫数 | 選択データあり | 削除 | 詳細 | 再登録 | 削除 | 詳細
 | 再登録 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input checked="" type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

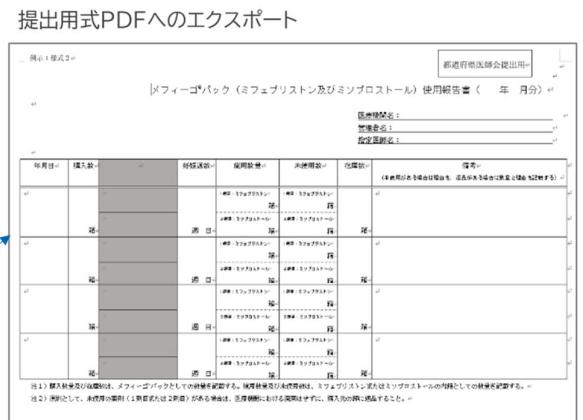
 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | 0 | 0 | 0 | 0 | <input type="checkbox"/> | <input type="button" value="削除"/> | <input type="button" value="詳細"/> | <input type="button" value="再登録"/> | <input type="button" value="削除"/> |
<input type="button" value="詳細"/> | <input type="button" value="再登録"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXXXX

 | ●●●●● | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



Excelで編集可能なcsv形式へのエクスポート



(シミック株式会社スライド)⁵²

メフィーゴ®パック(ミフェプリストン及びミソプロストール)施用明細書 (年 月分)

医療機関名:

管理者名:

緑越在庫・ 購入数	カルテ番号(上段) 氏名(下段)	妊娠週数	1剤目: ミフェプリストン施用実績	2剤目: ミソプロストール施用実績	未使用による返品の 有無(どちらかに○)	施用指定 医師名	月末 在庫数	備考
緑越在庫数 箱	カルテ番号 氏名	週 日	シリアル No.	シリアル No.	ミフェプリストン 有・無	ミソプロストール 有・無		
			日付: 月 日	日付: 月 日				
購入数 月 日 箱	カルテ番号 氏名	週 日	シリアル No.	シリアル No.	ミフェプリストン 有・無	ミソプロストール 有・無		
			日付: 月 日	日付: 月 日				
月 日 箱	カルテ番号 氏名	週 日	シリアル No.	シリアル No.	ミフェプリストン 有・無	ミソプロストール 有・無		
			日付: 月 日	日付: 月 日				
合計 箱	カルテ番号 氏名	週 日	シリアル No.	シリアル No.	ミフェプリストン 有・無	ミソプロストール 有・無		箱
			日付: 月 日	日付: 月 日				

注1)緑越在庫、購入数量及び月末在庫数は、メフィーゴパックとしての数量を記載する。施用数量及び未使用数は、ミフェプリストンまたはミソプロストールの内箱としての数量を記載する。

注2)原則として、未使用的薬剤(1剤目または2剤目)がある場合は、医療機関で破棄せずに購入先の前に返品すること。

注3)妊娠週数は1剤目を投与した時の週数を記載する。

注4)施用明細書が複数枚におよぶ場合、緑越在庫、合計購入数、月末在庫数は1枚目にまとめて記載すること。

(シミック株式会社スライド)

都道府県医師会提出用

頁(1/)

メフィーゴ®パック(ミフェプリストン及びミソプロストール)施用報告書 (年 月分)

医療機関名:

管理者名:

緑越在庫・ 購入数	妊娠週数	1剤目: ミフェプリストン施用実績	2剤目: ミソプロストール 施用実績	未使用による返品の 有無(どちらかに○)	施用指定 医師名	月末 在庫数	備考
緑越在庫数 箱	週 日	シリアル No.	シリアル No.	ミフェプリストン 有・無	ミソプロストール 有・無		
		日付: 月 日	日付: 月 日				
購入数 月 日 箱	週 日	シリアル No.	シリアル No.	ミフェプリストン 有・無	ミソプロストール 有・無		
		日付: 月 日	日付: 月 日				
月 日 箱	週 日	シリアル No.	シリアル No.	ミフェプリストン 有・無	ミソプロストール 有・無		
		日付: 月 日	日付: 月 日				
月 日 箱	週 日	シリアル No.	シリアル No.	ミフェプリストン 有・無	ミソプロストール 有・無		
		日付: 月 日	日付: 月 日				
合計 箱	週 日	シリアル No.	シリアル No.	ミフェプリストン 有・無	ミソプロストール 有・無		箱
		日付: 月 日	日付: 月 日				

注1)緑越在庫、購入数量及び月末在庫数は、メフィーゴパックとしての数量を記載する。施用数量及び未使用数は、ミフェプリストンまたはミソプロストールの内箱としての数量を記載する。

注2)原則として、未使用的薬剤(1剤目または2剤目)がある場合は、医療機関で破棄せずに購入先の前に返品すること。

注3)妊娠週数は1剤目を投与した時の週数を記載する。

注4)施用明細書が複数枚におよぶ場合、緑越在庫、合計購入数、月末在庫数は1枚目にまとめて記載すること。

(シミック株式会社スライド)

メフィーゴ®パック(ミフェプリストン及びミソプロストール)施用明細書 (年 月分)

代理登録用
(サポートセンターによる代理入力内容を
施設が確認後、施設で保管)

頁(1 / ____)

医療機関名:

管理者名:

縦越在庫・ 購入数	カルテ番号(上段) 氏名(下段)	妊娠週数	1剤目: ミフェプリストン施用実績	2剤目: ミソプロストール施用実績	未使用による返品の 有無(どちらかに○)	施用指定 医師名	月末 在庫数	備考	バーコードシール貼付欄
縦越在庫数 箱	カルテ番号 氏名		シリアル No. 日付: 月 日	シリアル No. 日付: 月 日	ミフェプリストン 有・無	ミソプロストール 有・無			1剤目シール貼付欄
購入数 月 日 箱		週 日							2剤目シール貼付欄
月 日 箱	カルテ番号		シリアル No.	シリアル No.	ミフェプリストン 有・無	ミソプロストール 有・無			1剤目シール貼付欄
月 日 箱	氏名	週 日	日付: 月 日	日付: 月 日					2剤目シール貼付欄
月 日 箱	カルテ番号		シリアル No.	シリアル No.	ミフェプリストン 有・無	ミソプロストール 有・無			1剤目シール貼付欄
合計 箱	氏名	週 日	日付: 月 日	日付: 月 日					2剤目シール貼付欄 箱

注1)縦越在庫、購入数量及び月末在庫数は、メフィーゴパックとしての数量を記載する。施用数量及び未使用数は、ミフェプリストンまたはミソプロストールの内箱としての数量を記載する。

注2)原則として、未使用の薬剤(1剤目または2剤目)がある場合は、医療機関で破棄せずに購入先の卸に返品すること。

注3)妊娠週数は1剤目を投与した時の週数を記載する。

(シミック株式会社スライド)

京都府・福岡県様式(案)

医療機関保存用

頁(1 / ____)

メフィーゴ®パック(ミフェプリストン及びミソプロストール)施用明細書 (年 月分)

医療機関名:

管理者名:

縦越在庫・ 購入数	カルテ番号(上段) 氏名(下段)	妊娠週数	1剤目: ミフェプリストン施用実績	2剤目: ミソプロストール施用実績	未使用による返品の 有無(どちらかに○)	施用指定 医師名	月末 在庫数	投与後有害事象の有無	備考
縦越在庫数 箱	カルテ番号 氏名		シリアル No. 日付: 月 日	シリアル No. 日付: 月 日	ミフェプリストン 有・無	ミソプロストール 有・無		有・無	「有」の場合その内容
購入数 月 日 箱	カルテ番号 氏名	週 日	シリアル No. 日付: 月 日	シリアル No. 日付: 月 日	ミフェプリストン 有・無	ミソプロストール 有・無		有・無	「有」の場合その内容
月 日 箱	カルテ番号 氏名	週 日	シリアル No. 日付: 月 日	シリアル No. 日付: 月 日	ミフェプリストン 有・無	ミソプロストール 有・無		有・無	「有」の場合その内容
月 日 箱	カルテ番号 氏名	週 日	シリアル No. 日付: 月 日	シリアル No. 日付: 月 日	ミフェプリストン 有・無	ミソプロストール 有・無		有・無	「有」の場合その内容
合計 箱	カルテ番号 氏名	週 日	シリアル No. 日付: 月 日	シリアル No. 日付: 月 日	ミフェプリストン 有・無	ミソプロストール 有・無		有・無	「有」の場合その内容

主1)縦越在庫、購入数量及び月末在庫数は、メフィーゴパックとしての数量を記載する。施用数量及び未使用数は、ミフェプリストンまたはミソプロストールの内箱としての数量を記載する。

主2)原則として、未使用の薬剤(1剤目または2剤目)がある場合は、医療機関で破棄せずに購入先の卸に返品すること。

主3)妊娠週数は1剤目を投与した時の週数を記載する。

主4)施用明細書が複数枚にわざる場合、縦越在庫 合計購入数 月末在庫数は1枚目にまとめて記載すること。

(シミック株式会社スライド)

本日の内容

- ・人工妊娠中絶に関する基本事項
- ・2024年9月の薬事審議会における課題
- ・メフィーゴパック薬品管理報告のデジタル化
- ・メフィーゴパック無床診拡大に向けた義務講習

57

経口中絶薬に関する義務講習

- ・義務講習は、2026年度から各地で開催される母体保護法指定医師研修会での導入を検討している（日本医師会母体保護法等に関する検討委員会）
- ・**義務講習の対象:**メフィーゴパックをこれから処方する、または既に処方している有床施設の指定医も含めた**全ての指定医**

2026年度～2028年度末（経過措置中の2年間）

各地の母体保護法指定医師研修会で**毎回**、義務講習内容を含んだ研修を実施（各地で更新時期は異なるが、指定医は必ず受講となる）

2029年度以降（経過措置後）は

- ・新たにメフィーゴパック処方を希望する指定医は、（オンライン）動画コンテンツを視聴 → 受講終了後に所属都道府県医師会・産婦人科医会に報告 → ラインファーマ社に報告
→ 処方可能（義務講習受講後に処方可能となる）

58

義務講習形式・内容について

- ・母体保護法指定医師研修会のうち、「母体保護法の趣旨と適正な運用に関するもの」のなかで各地区担当講師が下記義務講習項目について解説する
- ・日本産婦人科医会から配布する（2026年3月配布予定）資料・動画コンテンツをそのまま使用する、もしくは陳腐化を避けるために各地区の判断で参考資料として、一部のみ使用、内容改変等を認める

・義務講習項目

- ・無床診での使用条件（2024年9月25日 薬事審議会 メフィーゴ パックの「適切な使用体制のあり方」）を中心に解説
- ・胎嚢排出後の遺残による、搬送・入院・輸血施行実例に基づく解説と対処法
- ・報告方法（薬品管理に関するオンライン報告も含む）
- ・胞衣の取扱い

59

無床診拡大における合併症例の対応

- ・「母体保護法指定医師の指定基準」細則には、転送電話、携帯電話等で24時間患者からの連絡に対応することと明記されており、従来の運用と同様に、まずは自院で直接診察等の対応した上で、必要に応じて協力病院を紹介する運用が基本。
- ・後方病院の確保：一部の都道府県医師会で施設指定の際に後方病院を定めた文書提出を求めているが、無床診拡大の際には追加で以下の条件が課される方向以下を全て満たす他の医療機関と連携した緊急時の体制を整備し、自院で困難な容体の患者が生じた場合、連携先の医療機関に対して必ず受入調整を行う
 - ・母体保護法指定医師が配置されている入院可能な有床施設
 - ・緊急時の受入体制について、24時間体制で緊急時の対応が可能で十分な余力があり、同一の二次医療圏又は周産期医療圏内に所在すること
 - ・文書により緊急時の受入体制について覚書を締結していること。なお、覚書の有効期限は2年を超えない期間であること（覚書コピーをメーカーに提出）

高次施設入院・輸血事例（いずれも胎嚢排出後の遺残）

	有害事象	年齢 妊娠週数	経過
1	子宮出血	26歳 8週0日	2剤目投与から9日後に患者より出血多量の連絡あり。診察後、入院。翌日に退院するも、1ヵ月以上経った後も出血が継続し、他施設へ紹介された。その後、外科的処置等なく回復し、hCGの値も陰性となった。 2剤目投与9日後（多量出血発現日）：Hb 9.5g/dl
2	子宮出血	26歳 8週1日	2剤目投与後、同日に出血あり、胎盤鉗子にて処置。メチルエルゴメトリンおよびラクテック500mLにて治療。患者は同日に回復し、帰宅。
3	子宮出血	38歳 6週4日	2剤目服用後に胎嚢排出を認め退院。退院後の外来にて子宮内クリアを確認。出血なく終診。 その後子宮出血があり経過観察していたが、急な受診依頼あり、高次医療機関へ搬送。Hb 7.0、超音波上RPOC（血流あり1cm程度、絨毛遺残を疑う）所見、hCG65。出血に対して輸血4単位施行。活動性出血はなく経過観察。 遠方のためにさらに自宅近くの他施設に転院。さらにRCC4単位輸血施行し、Hb9.9となり翌日退院となった。

61

無床診拡大における胞衣（えな）の対応

条例の有無等について、地域により運用の詳細は異なるが、

妊娠12週未満であっても中絶胎児（子宮内容物）については、初期流産内容物と異なり、特段の配慮が必要である

（平成16年に厚労省母子保健課長通知が発出されている）

- * 医療機関で排出した場合は、地域毎で定められている従来の初期妊娠中絶の対応通り（医療機関や自宅トイレ等で流した等に対して罰則等の規程は定めない方向だが、原則医療機関に提出して対応するよう指導する）
- * 特に妊娠8週以降では、中絶胎児がそのままの形態で排出されて患者の目の当たりにするケースが考えられるので、より丁寧な事前説明・メンタル面でのフォローを要する

62

適応外使用・悪用対策

- ・適応外使用は禁じられている：海外の一部では緊急避妊や稽留流産に対してミフェピリストン投与、中絶不成功例に対してミソプロストール追加投与を行っている実態があるが、**国内で適応拡大の検討予定なし**
- ・悪用対策：
 - ・現在ミフェピリストンは原則個人輸入できない措置がとられている
 - ・ミフェピリストン・ミソプロストールの**一体化パックを医療機関で厳重に保管し、指定医の面前での服用を徹底する**

63

2024/3/27付で日医モデルが改定された

2 技能

(2) 研修期間中に、20例以上の人工妊娠中絶手術又は流産手術の実地指導を受けたもの。ただし、その内10例以上の人工妊娠中絶手術を含むこととする。



2 技能

(2) 研修期間中に、**10**例以上の人工妊娠中絶手術又は流産手術の実地指導を受けたもの。ただし、その内**5**例以上の人工妊娠中絶手術*を含むこととする。

(*薬物のみによる人工妊娠中絶は症例数に含めない)

64

薬剤による中絶も治療前の評価は必須

CQ205 | 妊娠 12 週未満の人工妊娠中絶時の留意事項は？

Answer

- ① 子宮内容除去術もしくは薬物療法（ミフェプリストン、ミソプロストールの順次投与）による人工妊娠中絶を行うに際して、以下を行う。
- 1) 母体保護法を順守する。 (A)
 - 2) できるだけ正確な妊娠週数を診断し、妊娠歴、合併症、既往歴、アレルギー歴、服用中薬剤等の情報を収集する。 (A)
 - 3) 内診や超音波検査等で子宮内・外の状態を確認する。 (A)
 - 4) 以下の検査を行う。
　　血液型（ABO 型、RhD 型）(A), 血算 (B), 心電図 (C, 術中の心電図モニターでも可), 感染症検査 (C)
- ② 子宮内容除去術による人工妊娠中絶では以下を行う。
- 1) 手術法や麻酔法、術前術後の経過や処置、手術時・麻酔時の合併症について説明し同意を得る。(B)
 - 2) 術前に、緊急時の対応が可能であることを確認する。 (A)
 - 3) 術中は、心肺監視装置を装着する。 (C)
 - 4) 子宮損傷や感染の回避に努める。 (A)
 - 5) 実施後に摘出物中の絨毛の有無を確認する。 (A)
 - 6) 手術終了時および術後 7 日目頃に、超音波検査等により子宮腔内遺残の有無を確認する。 (C)
- ③ 薬物療法（ミフェプリストン、ミソプロストールの順次投与）による人工妊娠中絶では以下を行う。

治療前に血液型、
経腔エコー検査
を必ず行う

産婦人科診療
ガイドライン
産科編2026
パブリック
コメント資料

まとめ

- ・ 経口中絶薬による人工妊娠中絶治療は、全国的に治療数が着実に増加している
- ・ 国内で重大なトラブルは報告されていないが、胎嚢排出後の遺残による入院・輸血症例があり、地域における連携体制が重要
- ・ 近い将来、無床診療所での経口中絶薬の使用が条件付きながら解禁されることが予想され、薬品管理・報告方法のデジタル化や義務講習の整備が着実に進められている。
- ・ 時間外対応、追加緊急手術・処置の体制と価格設定、高次施設との連携、院内待機方法等の整備について各施設における収益と負担とのバランスを考慮して導入のメリットを検討いただきたい