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| **KARABÜK IL SAĞLIK MÜDÜRLÜĞÜ HALK SAĞLIĞI MERKEZİ LABORATUVARI** | **MERKEZİ LABORATUVAR NUMUNE TESLİM FORMU** | DÖKÜMAN NO | F5.4.1 |
| SAYFA NO | 1/2 |
| YAYIM TARİHİ | 26.11.2018 |
| REVİZYON NO | - |
| REVİZYON TARİHİ | - |

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| ASM ADI | |  | | | | | | | | | |
| TARİH | |  | | | | | | | | | |
| SIRA NO | HASTA ADI | | BARKOD NO | AİLE HEKİMİ | HEMOGRAM | HbA1C | HORMON | BİYOKİMYA | KAN GRUBU | SEDİMAN-  TASYON | TALASEMİ |
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TESLİM EDEN ASM GÖREVLİSİ TESLİM ALAN LABORATUVAR NUMUNE KABU

İSİM İMZA İSİM İMZA GÖREVLİSİ İSİM İMZA