| **REGISTRO DEL HISTORIAL DEL MR** | | | | |
| --- | --- | --- | --- | --- |
| **ID MR** | **Fecha de**  **recepción** | **Fecha de**  **análisis** | **Estado de**  **MR** | **Documentos**  **Afectados** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |