TOMMASI LABORATÓRIO	**TOMMASI LABORATÓRIO**	Código: **FR 037**
	Formulário de Registro	Versão: **2.0**
	Controle de Exame Beta-HCG	Página: 1 de 1

Ano: _____ Setor: _____ Periodicidade: _____

DATA	CONTROLE C1	CONTROLE C2	LOTE / VALOR DE REF.	ASSINATURA
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
	RVF: R:	RVF: R:		
Observações:				

Responsável Técnico: _____