|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **FUNDACIÓN INNOVAGEN** | | | |
|  | **FORMATO DE REMISIÓN DE MUESTRAS BIOLOGICAS** | | | |
|  |  | | | |
|  | **CODIGO: EN PROCESO** | **FECHA:**  **${fecha}** | **VERSION 05** | **PÁGINA: 1 de 1** |
|  |

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| --- | --- | --- | --- |
| **INFORMACION BASICA** | | | |
| **Institución/Remitente:** | **${institucion}** | | |
| **Lugar De Remisión:** | **${lugar}** | | |
| **Teléfono Institución Remitente:** | **${telefono}** | **No. Campaña:** | **${numerocamp}** |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **FECHA DE TOMA** | | | **NÚMERO DE IDENTIFICACIÓN** | **CODIGO INTERNO FIG** | **EXAMEN SOLICITADO** | **OBSERVACIONES** |
| **DD** | **MM** | **AAA** |
| **${n1}** | **${f1}** | | | **${i1}** | **${c1}** | **${e1}** | **${o1}** |
| **${n2}** | **${f2}** | | | **${i2}** | **${c2}** | **${e2}** | **${o2}** |
| **${n3}** | **${f3}** | | | **${i3}** | **${c3}** | **${e3}** | **${o3}** |
| **${n4}** | **${f4}** | | | **${i4}** | **${c4}** | **${e4}** | **${o4}** |
| **${n5}** | **${f5}** | | | **${i5}** | **${c5}** | **${e5}** | **${o5}** |
| **${n6}** | **${f6}** | | | **${i6}** | **${c6}** | **${e6}** | **${o6}** |
| **${n7}** | **${f7}** | | | **${i7}** | **${c7}** | **${e7}** | **${o7}** |
| **${n8}** | **${f8}** | | | **${i8}** | **${c8}** | **${e8}** | **${o8}** |
| **${n9}** | **${f9}** | | | **${i9}** | **${c9}** | **${e9}** | **${o9}** |
| **${n10}** | **${f10}** | | | **${i10}** | **${c10}** | **${e10}** | **${o10}** |
| **${n11}** | **${f11}** | | | **${i11}** | **${c11}** | **${e11}** | **${o11}** |
| **${n12}** | **${f12}** | | | **${i12}** | **${c12}** | **${e12}** | **${o12}** |
| **${n13}** | **${f13}** | | | **${i13}** | **${c13}** | **${e13}** | **${o13}** |
| **${n14}** | **${f14}** | | | **${i14}** | **${c14}** | **${e14}** | **${o14}** |
| **${n15}** | **${f15}** | | | **${i15}** | **${c15}** | **${e15}** | **${o15}** |
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| **RESPONSABLES** | | | | | |
| **Responsable de entrega de muestras:** | | **Responsable de recepción de muestras:** | | | |
| **Nombre:** | | **Nombre:** | | | |
| **Fecha:** | | **Fecha:** | | | |
| **Hora de entrega:** | | **Hora de recibido:** | | | |
| **Recepción de Muestras** | **Nombre** | | **Fecha** | **Firma** | |
| **Área de procesamiento de muestras** |  | |  | |  |
| **Área de Facturación y Etiquetado** |  | |  | |  |
| **Entrega de resultados** |  | |  | |  |