



**REPUBLIC OF RWANDA  
MINISTRY OF HEALTH**



WESTERN PROVINCE

Fri Aug 30 2024

DISTRIC: NYABIHU

HEALTH FACILITY: SHYIRA DISTRICT HOSPITAL

DEPARTMENT: clinical

**REQUISITON FORM**

No	Item Name	Quantity Requested	Quantity Received	Observation
1	Agrafeuse M.F	2	2	

Name of HOD:

**BUREGEYA fidele**

HOD Signature:

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