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| Fecha |  | Hora | |  |
| Nombres |  | Edad | |  |
| Apellidos |  | Genero | |  |
| D. Identidad |  | Diagnostico | |  |
| Dirección |  | Teléfono | |  |
| Entidad |  | Recibo | |  |
| EXAMENES REMITIDOS | | TIPO DE MUESTRA | | |
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| ENTREGA |  | Laboratorio |  | |
| RECIBE |  | Laboratorio |  | |