Mes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Año: \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| PRUEBA | LOTE | SEMANA | RESPONSABLE |
| 1 | 2 | 3 | 4 |
| GIEMSA |  |  |  |  |  |  |
| WRIGHT |  |  |  |  |  |  |
| CALCOFLUOR(mensual) |  |  |  |  |  |  |
| AZUL DE TOLUIDINA |  |  |  |  |  |  |
| OTROS |  |  |  |  |  |  |

S= Satisfactorio NS: No satisfactorio

Observaciones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_