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| No. Registro |       | Fecha |       |
| Nombre |       | Edad |       |
| D. Identidad |       | Genero |       |
| Entidad |       |

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| Examen solicitado |        |
| Tipo de muestra |       |
| Método |       |

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| Resultado |
|       |
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| Responsable | Fecha reporte |
| Firma: | Nombre:       Cargo:       No. Registro:        |        |