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|  | **ESE DEPARTAMENTAL** **“SOLUCIÓN SALUD”** | **Versión 1** | **Código** **FR-LAB-41** | **Página****1 de 1** |  |
| **CONTROL DE ENVIO DE MUESTRAS DE VIH A LSPD** | **Fecha Vigencia****2020/03/09** | **DOCUMENTO CONTROLADO** |

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| **NOMBRE DEL PACIENTE** | **TIPO DE DOCUMENTO** | **# DE DOCUMENTO** | **EDAD** | **SEGURIDAD SOCIAL** | **CONDICION CLINICA** | **FECHA DE TOMA DE MUESTRA** | **RESULTADO** | **ENVIO LSPD** | **FECHA DE ENTREGA DE RESULTADO** | **QUIEN RECIBE** |
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