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| **EQUIPAMIENTO BIOMEDICO - GRUPO 1 – RIESGO ALTO** | | | | | | | | | | | |
| **TITULAR / RAZON SOCIAL** | | *NOMBRE* | | | | **DOMICILIO** | *DOMICILIO DEL ESTABLECIMIENTO* | | | | |
|
| **N° DE MOVIL** | **EQUIPAMIENTO CON RIESGO PACIENTE O VIDA SEGÚN DECRETO N° 3405/07** | | | | | | | | **VERIFICACION TECNICA** | | **FIRMA Y SELLO BIOINGENIERO** |
| **NOMBRE DEL EQUIPO** | | **MARCA** | **MODELO** | **N° DE SERIE** | | | **ANMAT**  **SI / NO** | **FECHA** | **NUMERO** |
| *N° MOVIL* | *NOMBRE* | | *MARCA* | *MODELO* | *N° DE SERIE* | | | *SI/NO* | *FECHA* | *N° INFORME* |  |
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| **JUNTO CON LA PLANILLA, SE DEBERÁN ADJUNTAR LOS INFORMES EMITIDOS POR LA INSTITUCIÓN VERIFICADORA. EN CASO DE NO PRESENTAR LOS MISMOS,**  **ESTA PLANILLA CARECERÁ DE VALIDEZ** | | | | | | | | | | | |
| **FIRMA Y SELLO DIRECTOR TECNICO** | | | | | | | | | | | |