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| No. REGISTRO |       | FECHA |       |
| NOMBRE |       | EDAD |       |
| D. IDENTIDAD |       | GENERO |       |
| ENTIDAD |       |

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| EXAMEN SOLICITADO |        |
| TIPO DE MUESTRA |       |
| METODO |       |

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| RESULTADO |
|        |
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| RESPONSABLE | FECHA REPORTE |
| FIRMA: | Nombre:       Cargo:       No. Registro:        |        |