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| --- | --- | --- | --- | --- |
|  |  | **LABORATORIO CUARENTENA *IN VITRO*** |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | ***ACCESO RESTRINGIDO A PERSONAL AUTORIZADO, A ZONA CON MATERIAL CUARENTENADO SAG*** |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Nombre Contraparte Técnica:** |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Nombre/s Personal Laboratorio:** |
| **1.** |  | **4.** |  |  |
| **2.** |  | **5.** |  |  |
| **3.** |  | **6.** |  |  |
|  |  |  |  |  |  |  |  |  |  |