**FORMATO PARA LA ELIMINACION DE DESECHOS DE VACUNACION IA H7N3**

Bajo Responsabilidad de PROSA

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| **Fecha** | **Nombre** | **No. de** | **Responsable** | **Observaciones** |
|  | **Comercial** | **Frascos** |  |  |
|  | **de la Vacuna** | **Devueltos** |  |  |
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PROSA-03-2013

Nombre del Médico Veterinario Responsable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma y Sello

Colegiado Activo No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Oficializado PROSA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_