

FEM- ARS SENASA-CCC-CP-2018-0005

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**SNCC.F.056**

23 de abril de 2018

 SEGURO NACIONAL DE SALUD, SeNaSa

 RNC: 401-516454

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formulario de entrega de muestras

**Nombre del Oferente: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Renglón No.** | **Código** | **Descripción** | **Unidad de****medida** | **Muestra Entregada[[1]](#footnote-1)** | **Observaciones[[2]](#footnote-2)** |
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Firma\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sello

(Persona o personas autorizadas a firmar en nombre del Oferente)

1. Marcar con una x. [↑](#footnote-ref-1)
2. Uso exclusivo de la Entidad Contratante. [↑](#footnote-ref-2)