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| FECHA | **TIPO DE PRODUCTO** | **NOMBRE DEL PRODUCTO** | **FORMA FARMA-CEUTICA** | **CONCEN-TRACIÓN** | **PRESENTA-CION** | **LABORA-TORIO** | **LOTE** | **REGISTRO ICA**  **/ INVIMA** | **F. V.** | **CANT** | **VALOR TOTAL** |
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OBSERVACIONES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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FIRMA DE QUIEN ENTREGA FIRMA DE RECIBE

NOMBRE NOMBRE

CARGO: CARGO: