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| **FECHA:** | **HISTORIA CLÍNICA No.** | | **TIPO DE SERVICIO**  **P. SOCIAL: \*DOCENCIA: \*INVESTIGACIÓN:** | | | **ANÁLISIS N°** |
| **PREDIO/PROCEDENCIA:** | | **MUNICIPIO:** | | **VEREDA:** | **PROPIETARIO:** | |

**RELACIÓN DE ANIMALES MUESTREADOS**

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| No. | IDENTIFICACIÓN | ESPECIE | SEXO | | RAZA | EDAD | OBSERVACIONES |
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**PRUEBAS SOLICITADAS**

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| FIRMA DEL CLÍNICO SOLICITANTE FIRMA DEL COORDINADOR DE LABORATORIO |

**NOTA: Toda solicitud por Docencia o Investigación debe llevar la firma del Coordinador del Laboratorio Clínico Veterinario.**