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|  | **KIRIKKALE ÜNİVERSİTESİ TIP FAKÜLTESİ HASTANESİ**  **ACİL SERVİS** | | | |
| **ACİL MÜDAHALE SETİ İLAÇ VE MALZEME TAKİP FORMU**  **FORMU** | | | |
| Doküman No: AS.FR.11 | Yayın Tarihi :MART2019 | Revizyon No:  0 | Revizyon Trh: | Sayfa: 1 |

**NOİLAÇ/MALZEME**

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Minimum

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|  | **ADI** | Kritik Stok |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**NO**

**Kritik Stok**

**Miktarı**

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Tıbbi Cihaz Günlük Çalışır Kontrolleri

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|  | | | | | **ACİL SERVİS**  **ACİL MÜDAHALE SETİ İLAÇ VE MALZEME TAKİP FORMU** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DOKÜMAN KODU** | | | | |  | | | | **YAYIN TARİHİ** | | | | | | | |  | | | | | **REVİZYON TARİHİ** | | | | |  | | | | **REVİZYON NO** | | | |  | | **SAYFA NO** | | | | 2**/**2 | | |
|  | **İLAÇ/MALZEME**  **ADI** | |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  | |  |  |
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