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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**

Miktarı

Minimum

Miktar

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

**Kritik Stok**

**Miktarı**

**Minimum**

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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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| KONTROL EDEN Ad Soyad / İmza |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |