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| Birim/Klinik Adı:

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| 1 | **İlaç Adı** | **Seri veya Lot numarası** | **Miktarı** | **Miad** | **Tutarı** | **İmha Etme Sebebi** | **Ne Şekilde imha edileceği** |
| **2** |  |  |  |  |  |  |  |
|  **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |
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| **10** |  |  |  |  |  |  |  |

**İmha Etme Sebepleri: Miadının geçmesi, Kırılması, Kontamine olması, Bozulması vb.**Yukarıdaki listede adı ve miktarı belirtilen ….. kalem ……..adet ilaç ve malzemenin, aşağıda imzaları bulunan kişilerin huzurunda imha edilmek üzere ayrılmasına karar verilmiştir.…./…/……. Ecza Depo Anestezi Uzmanı(İmza /Kaşe) (İmza/Kaşe)

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| Yukarıda belirtilen ürünlerin imhası hususunu onaylarınıza arz ederim  | ……./……./…….. | Fakülte Sekreteri( İmza/Kaşe) |
| Uygundur/ Uygun Değildir | ……./……/……… | Dekan Yardımcısı( İmza/Kaşe) |

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