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| Birim/Klinik Adı:   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | 1 | **İlaç Adı** | **Seri veya Lot numarası** | **Miktarı** | **Miad** | **Tutarı** | **İmha Etme Sebebi** | **Ne Şekilde imha edileceği** | | **2** |  |  |  |  |  |  |  | | **3** |  |  |  |  |  |  |  | | **4** |  |  |  |  |  |  |  | | **5** |  |  |  |  |  |  |  | | **6** |  |  |  |  |  |  |  | | **7** |  |  |  |  |  |  |  | | **8** |  |  |  |  |  |  |  | | **9** |  |  |  |  |  |  |  | | **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)   |  |  |  | | --- | --- | --- | | Yukarıda belirtilen ürünlerin imhası hususunu onaylarınıza arz ederim | ……./……./…….. | Fakülte Sekreteri  ( İmza/Kaşe) | | Uygundur/ Uygun Değildir | ……./……/……… | Dekan Yardımcısı  ( İmza/Kaşe) | |