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| **FECHA:** |  | **LABORATORIO:** |  |
| **INTERESADO:** |  | **CEDULA / NIT** |  |
| **DIRECCION:** |  | **TELEFONOS:** |  |
| **EMAIL:** |  | **No. CONSIGNACION** |  |

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| **COD.** | **DESCRIPCIÓN DEL ENSAYO** | **MÉTODO** | **CANT.** | **VR. UNIT.** | **SUBTOTAL** |
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| **BENEFICIARIO ACUERDO**  **REQUIERE FACTURA** | | | **VALOR TOTAL $** | |  | | |
|  | **N° ORDEN** |  | **N° FACTURA** |  | | **FECHA** |  |

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| **OBSERVACION:** |
| **Vo. Bo. Jefe División de Servicios Académicos**  **Nombres y Apellidos** |