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| indir | | **SAVUR PROF. DR. AZİZ SANCAR İLÇE DEVLET HASTANESİ**  **MALZEME TALEP FORMU** | | | | | | | |
| **KODU** | **MC.FR.01** | **YAYIN TARİHİ** | **01.11.2018** | **REVİZYON TARİHİ** | **01.01.2022** | **REVİZYON NO** | **01** | **SAYFA SAYISI** | **01** |

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| **S.NO** | **MALIN/MALZEMENİN CİNSİ** | **MİKTARI** | **BİRİMİ/ÖLÇEĞİ** |
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| TALEP EDEN BİRİM |  |
| TALEP EDİLEN BİRİM |  |

VARSA GEREKÇESİ:

**TALEP EDEN PERSONEL: TARİH:**

**ADI SOYADI: İMZA:**

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| BİRİM SORUMLUSU UYGUNDUR UYGUN DEĞİLDİR |

**TARİH / İMZA:**