**Laboratorio remitente:** Marcar con una **“X”** el correspondiente

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| Hospital General San Juan de Dios | | | | |  | | Hospital Regional de Cobán | |  | | Hospital Nacional de San Marcos | | | |  | |
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| Otro |  | Especifique: | | | |  | | | | | | | | | | | |
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| Responsable del envío: |  | Correo electrónico: |  |
| Fecha del envío: |  | Total de muestras enviadas: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Id. Reg. (PAHO Flu)** | **Nombre del paciente** | **Fecha de**  **inicio de síntomas** | **Fecha de**  **toma de muestra** | **Edad** | **Sexo** | **Metodología de Análisis en Unidad Centinela** | **Resultado de análisis en Unidad Centinela** | **Valor de Ct\*** | **Código interno DLNS** |
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\*CT: Umbral del ciclo por sus siglas en inglés

**Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hora: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Temperatura de las muestras en recepción DLNS: \_\_\_\_\_\_\_°C**

**Firma y Sello de recepción ventanilla de la DLNS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Analista responsable de recepción: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**