Data: .......................................

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pieczątka podmiotu leczniczego

Stan magazynowy preparatów szczepionkowych w miesiącu ........................................... 2024 r.

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| L.p. | Nazwa preparatu | Seria | Data ważności | Ilość dawek | Uwagi |
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Sporządził: ......................................................................... ...........................................................................................

i mię i nazwisko /stanowisko służbowe pieczątka i podpis kierownika podmiotu leczniczego