**Formulario Resumen de Acciones Correctivas**

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| **IDENTIFICACION DEL LABORATORIO** | |
| **EQUIPO EVALUADOR** | |
| **FECHA DE EVALUACIÓN** | **TRAMITE N°** |

| **NÚMERO**  **DE**  **HALLAZGO** | **ACCION EMPRENDIDA** | **EVIDENCIA PROVISTA** |
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