**Planilla de Productos con INICIO DE TRÁMITE *REGISTRO SANITARIO DE DISPOSITIVOS MÉDICOS:***

**Motivo de solicitud de Constancia:**

|  |  |
| --- | --- |
| **Firma y sello de Representante Legal** | **Firma y sello de Director/a Técnico/a** |
| ………………………………………… | …………………………………………. |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ítem N°** | **Mesa de Entrada N°** | **SIMESE** | **NOMBRE GENERICO** | **MARCA** | **NOMBRE COMERCIAL** | **Proveedor** | **Fabricante** | **Origen** | **Código ECRI** | **Clase de Riesgo** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Pág 01/01**

**Planilla de Productos con INICIO DE TRÁMITE *REGISTRO SANITARIO DE DISPOSITIVOS MÉDICOS:***

**Motivo de solicitud de Constancia:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ítem N°** | **Mesa de Entrada N°** | **SIMESE** | **NOMBRE GENERICO** | **MARCA** | **NOMBRE COMERCIAL** | **Proveedor** | **Fabricante** | **Origen** | **Código ECRI** | **Clase de Riesgo** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Pág 01/01**