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

**Motivo de solicitud de Constancia:**

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| **Firma y sello de Representante Legal** | **Firma y sello de Director/a Técnico/a** |
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| **Ítem N°** | **Mesa de Entrada N°** | **SIMESE** | **NOMBRE GENERICO** | **MARCA** | **NOMBRE COMERCIAL** | **Proveedor** | **Fabricante** | **Origen** | **Código ECRI** | **Clase de Riesgo**  |
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**Planilla de Productos con INICIO DE TRÁMITE *REGISTRO SANITARIO DE DISPOSITIVOS MÉDICOS:***

**Motivo de solicitud de Constancia:**

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