Приложение

к приказу №60 ДЛСиМИ при МЗ КР

от 28 февраля 2025г.

**АКТ**

**об уничтожении лекарственных средств и медицинских изделий**

**Дата, место уничтожения**:

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**Состав комиссии по уничтожению**:

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(Ф.И.О., должность)

**Основание/я для уничтожения**:

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**Наименование владельца/собственника лекарственного средства и медицинского изделия (при наличии**):

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**Метод уничтожения**:

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**Сведения о лекарственном средстве и медицинском изделии**:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **№** | **Наименование** **ЛС и МИ** | **Ед.****изм.** | **Производитель** | **Серия** | **Срок годности** | **Кол-во** | **Цена (сом)** | **Сумма** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| ... |  |  |  |  |  |  |  |  |

**Подписи членов комиссии**:

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