SERVICIO DE BIOTERIO Y CIRUGÍA EXPERIMENTAL

 **PROTOCOLO No.**

|  |  |  |
| --- | --- | --- |
| **Fecha** | **Hora** | **PROCEDIMIENTO REALIZADO** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Número consecutivo de Hoja\_\_\_\_\_\_\_\_\_\_\_**