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| **YIL:** | | | | | | **GÜNCELLEME TARİHİ:** | | | | | |
| **KLİNİK:** | | | | | | | | | | | |
| **SIRA NO** | **CİHAZIN ADI** | **CİHAZIN MARKASI** | **CİHAZIN MODELİ** | **CİHAZIN SERİ NOSU** | **DEMİRBAŞ NO** | | **HİZMETE GİRİŞ TARİHİ** | **KÜNYE NO** | **KALİBRASYON GEREKLİ OLMAYANLAR** | **KALİBRASYONA GEREK OLANLAR** | |
| **YAPILAN KALİBRASYON TARİHİ** | **BİR SONRAKİ KALİBRASYON TARİHİ** |
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**BİRİM SORUMLUSU**

**KAŞE- İMZA**