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| **INFORMACIÓN GENERAL** | | | | | | | | | | | | | | | | |
| **FECHA SOLICITUD** | | | | | **DD** | |  | | | **MM** | |  | | **AA** | |  |
| **SOLICITANTE** | | | | |  | | | | | | | | | | | |
| **NOMBRE DE LA INSTITUCIÓN** | | | | |  | | | | | | | | | | | |
| **DIRECCIÓN** | |  | | | **Teléfono/Fax** | | |  | | | **EXT** | | |  | | |
| **E-mail** | |  | | | **Ciudad** | | |  | | | **País** | | |  | | |
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| **OBJETO DE LA VISITA** | |  | | | | | | | | | | | | | | |
| **FECHA VISITA** | | **DD** | |  | | **MM** | | |  | | | | **AA** | |  | |
| **HORA VISITA** | |  | | | | | | | | | | | | | | |
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| **VISITANTES** | | | | | | | | | | | | | | | | |
| **NOMBRE** | **CARGO** | | **TIPO DE DOCUMENTO** | | **DOCUMENTO** | | | | | | **FIRMA** | | | | | |
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| **Observaciones y sugerencias:** | | | | | | | | | | | | | | | | |

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**FIRMA ENCARGADO COLECCIÓN FIRMA SOLICITANTE**

**CARGO:**

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| --- | --- | --- | --- |
| **Elaboró** | **Revisó** | **Aprobó** | **Fecha de vigencia:** |
| Dirección de Instituto de Investigación en Microbiología y Biotecnología Agroindustrial  Coordinador de la Colección | Dirección de Aseguramiento de la Calidad  Decana de la Facultad de Ciencias de la Salud | Rectoría | Agosto de 2022 |

**CONTROL DE CAMBIOS**

|  |  |  |  |
| --- | --- | --- | --- |
| **FECHA** | **VERSIÓN** | **ÍTEM** | **MODIFICACIÓN** |
| Agosto de 2022 | 1 | Todo el documento | Creación del documento |