検便検査依頼書

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|  | **赤痢** |
|  | **サルモネラ** |
|  | **腸チフス** |
|  | **パラチフス** |
|  | **O-157** |
|  | **ビブリオ** |
|  |  |

**客様 コード番号：**

**お客様（店舗名）：**

|  |  |
| --- | --- |
| **受付日** | **受付番号** |
|  |  |

**※カタカナでご記入ください（漢字では読めない場合があります）**

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| **No.** | **検体No.** | **氏名（カタカナ）** | | **提出者は〇** | **No.** | **検体No.** | **氏名（カタカナ）** | | **提出者は〇** |
| **1** |  |  |  |  | **26** |  |  |  |  |
| **2** |  |  |  |  | **27** |  |  |  |  |
| **3** |  |  |  |  | **28** |  |  |  |  |
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検便検査依頼書

**記入例**

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| 〇 | **赤痢** |
|  | **サルモネラ** |
|  | **腸チフス** |
|  | **パラチフス** |
|  | **O-157** |
|  | **ビブリオ** |

**お客様 コード番号：**弊社で記入

**お客様（店舗名）：**株式会社AHC品質　太郎

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| **受付日** | **受付番号** |
|  | 弊社で記入 |

**※カタカナでご記入ください（漢字では読めない場合があります）**

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| **No.** | **検体No.** | **氏名（カタカナ）** | | **提出者は〇** | **No.** | **検体No.** | **氏名（カタカナ）** | | **提出者は〇** |
| **1** |  | **ヒンシツ** | **タロウ** |  | **26** |  |  |  |  |
| **2** |  |  |  |  | **27** |  |  |  |  |
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