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Revizyon Tarihi: -

Revizyon No: 0

Sayfa: 1 / 1

Olayın Gerçekleştiği Tarih	Personel T.C.	Personel Adı-Soyadı	Olay Anı Kan Sonucu	1. Ay Kan Sonucu	3. Ay Kan Sonucu	6. Ay Kan Sonucu	Biliniyorsa Hastanın Sonucu	Yapılan Uygulamalar/eğitimler	Personel İmzası
				Tarih:	Tarih:	Tarih:	Biliniyorsa Hastanın Sonucu		
.../.../.....			anti-Hbs: Anti-HCV: HbsAG: Anti-HIV:	anti-Hbs: HbsAG: Anti-HCV: Anti-HIV:	anti-Hbs: HbsAG: Anti-HCV: Anti-HIV:	anti-Hbs: HbsAG: Anti-HCV: Anti-HIV:	anti-Hbs: HbsAG: Anti-HCV: Anti-HIV:		
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