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| **Protokoll der Chargenrückrufe und Beanstandungen** | | | | | | |
| FORM 013.3 | | | | Version: 1 | | |
| Erstellung | | Überprüfung | | | In-Kraft-Setzung | |
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| **Datum** | **Anzahl** | **Medikament** | **Grund** | **Patient /Hersteller** |
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| Version | Änderungs-datum | Grund der Änderung | Kapitel | gültig ab |
| 1 |  | Erstellung SOP |  |  |
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