**CONTROL DE USO DE LABORATORIO**

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| **LABORATORIO DE: BIOLOGIA CELULAR Y MOLECULAR** |
| **FECHA:** |  |
| **HORA DE ENTRADA:** |  | **HORA DE SALIDA:** |  |
| **CÁTEDRA:** |  | **SEMESTRE:** |  |
| **PUESTOS DE TRABAJO:** |  | **N° DE ESTUDIANTES:** |  |
| **TEMA DE LA PRÁCTICA:** |  |
| **DOCENTE:** | MsC. Silvia Reinoso  |
|  |
| **N°** | **NOMBRE DEL ESTUDIANTE** | **N° CÉDULA** | **FIRMA** |
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| **NOMBRE DOCENTE:** |  |
| **FIRMA** |  |