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| DATOS DEL SOLICITANTE | | | | | | | | | | | |  | | |
| Empresa: |  | | | | | | | Responsable | | | |  | | |
| Tel/Fax: | . | | | | | Correo Electrónico | | | | |  | | | |
| Dirección: |  | | | | | | | | | | | | | |
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| DATOS DE LA MUESTRA | | | | | | | | | | | |  | | |
| Nombre de la muestra: | | | |  | | | | | | | | | | |
| Especie vegetal o tipo de muestra: | | | | | |  | | | | | | | | |
| Cantidad de muestra remitida | | | | | |  | | | | | | | | |
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| **Ensayo Solicitado** | | | | | | | | | | | | | **Cuantificación** | **Detección** |
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| Idioma del informe (ingles o castellano): | | | | | | |  | | | | | | | |
| Envío por correo postal: | | | | | Sí |  | No | |  |  | | | | |
| Observaciones: | | |  | | | | | | | | | | | |
| Nombre Solicitante | | | | | | | Email del solicitante | | | | | | | |
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| Lugar y Fecha: | |  | | | | | | | | | | | | |
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| Recibido por: | |  | | | | | | | | | | | | |
| Fecha de recepción: | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | |
| Contacto: | [ibiotecno.labogm@inta.gob.ar](mailto:ibiotecno.labogm@inta.gob.ar) | | | | | | | Tel: 4621-1447/1676/1278 int. 3654 ó 3571|  Cel: (+54) (11) 15 33975886 | | | | | | |
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