**延安市人民医院**

**临床科室传染病阳性结果接收记录本**

 **科室：**

 **起始日期：**

 **结束日期：**

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| 接收日期及时间（分） | 报告科室 | 通知人姓名 | 患者姓名 | 住院号 | 床号 | 传染病阳性结果 | 接收人姓名 | 初诊/复诊 |
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**传染病阳性结果报告接收登记本**