Clinical Chemical Inventory Correction Form

Date:						
Department/Section	1:					
Corrected By:						
Reviewed By:						
Reason for Correction	on:					
Chamical Name	D-4-1-/I -4-N-	Ourselft - Dofous	0	11-4	1 4	Damada
Chemical Name	Batch/Lot No.	Quantity Before	Quantity After	Unit	Location	Remarks
Corrected By / Signat	ture					
Reviewed By / Signat	ure					