**Groupe de sages-femmes**

**Adresse**

# Dossier d’entreposage et de transport d’immunoglobuline Rh

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Nom du produit | No de lot | Date de péremption  jj/mm/aaaa | Établisse-ment émetteur | Personne qui émet l’IgRh | Contenant contrôlé? O/N | Condition-nement intact?  O/N | Sage-femme recevant l’IgRh |
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