**HOSPITAL MILITAR CENTRAL**
**LABORATORIO CLINICO**
**INFORME DE ACTIVIDADES REALIZADAS DURANTE EL MES**

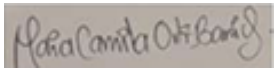
**NOMBRE** MARIA CAMILA ORTIZ BARRIOS **MES Y AÑO** 16 de Abril al 15 de Mayo del 2026 **CONTRATO** 0899-2025

| | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **TURNO** | 3 | 3 | 3 | | | | 7 | 7 | 7 | 7 | | | 7 | 7 | 7 | 7 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | | | 7 | 7 | 7 | 7 | 7 |
| **TOMA DE MUESTRAS** | | | | | | | X | X | X | X | | | X | X | X | X | | | | X | X | X | X | X | | | X | X | X | X | X |
| **COAGULACION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ENDOCRINOLOGIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HEMATOLOGIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MICROSCOPIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INMUNOLOGIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PRUEBAS MANUALES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **QUIMICA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MICROBIOLOGIA** | | | | | | | | | | | | | | | | | X | X | X | | | | | | | | | | | | |
| **CALIDAD** | X | X | | | | | | | | | | | | X | X | | | | | | | | | | | | | | | X | X |
| **REMISIONES** | X | X | X | | | | X | X | X | X | | | X | X | X | X | | | | X | X | X | X | X | | | X | X | X | X | X |

| **TURNOS** | | |
|---|---|---|
| | **3** | 07:00-16:00 |
| | **7** | 6:30-15:30 |
| | **3** | 07:00-16:00 |
| | **7** | 6:30-15:30 |
| | **5** | 19:00-07:00 |
| | **6** | 07:00-19:00 |

| **PRODUCTIVIDAD (NUMERO DE PROCEDIMIENTOS POR PRUEBAS REALIZADAS. FUENTE: ENTERPRISE)** | | |
|---|---|---|
| | **MARIA CAMILA ORTIZ BARRIOS** | 314 |
| | REMISIONES | 98 |
| | MICROBIOLOGIA | 216 |

**NOTA:** ESTA INFORMACIÓN SERA VERIFICADA POR PARTE DE LA COORDINACION DEL LABORATORIO CLINICO.



**Firma de Bacteriologa (o)**_____



**Firma de Coordinadora del Laboratorio**_____