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| AUTORISATION D’IMPORTATION DE MEDICAMENT : TABLEAU D’IMPUTATION (Rempli par l’importateur) Référence à l’autorisation d’importation (nom du produit et date de l’AI) : ……………………………………………………………………………………………

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| **Opération****(N°)** | **Date** **De l’opération** | **Quantité****importée** **lors de l’opération** | Quantité importée**cumulée** | Visa de l'importateur |
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