| **Dokumentnamn:**<br>Epidemirapport **PATIENT** |
| --- |
| **Utfärdare:** Vårdhygien<br>2024, version 01 |

REGION BLEKINGE

Avdelning: …………………………………………………..

| Personnummer | Inskrivnings-datum | Rum nr | Datum och tidpunkt för sjukdomsdebut | Symtom | Datum och tidpunkt frisk utan magsymtom | Datum provtagning | Resultat positiv/ negativ |
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