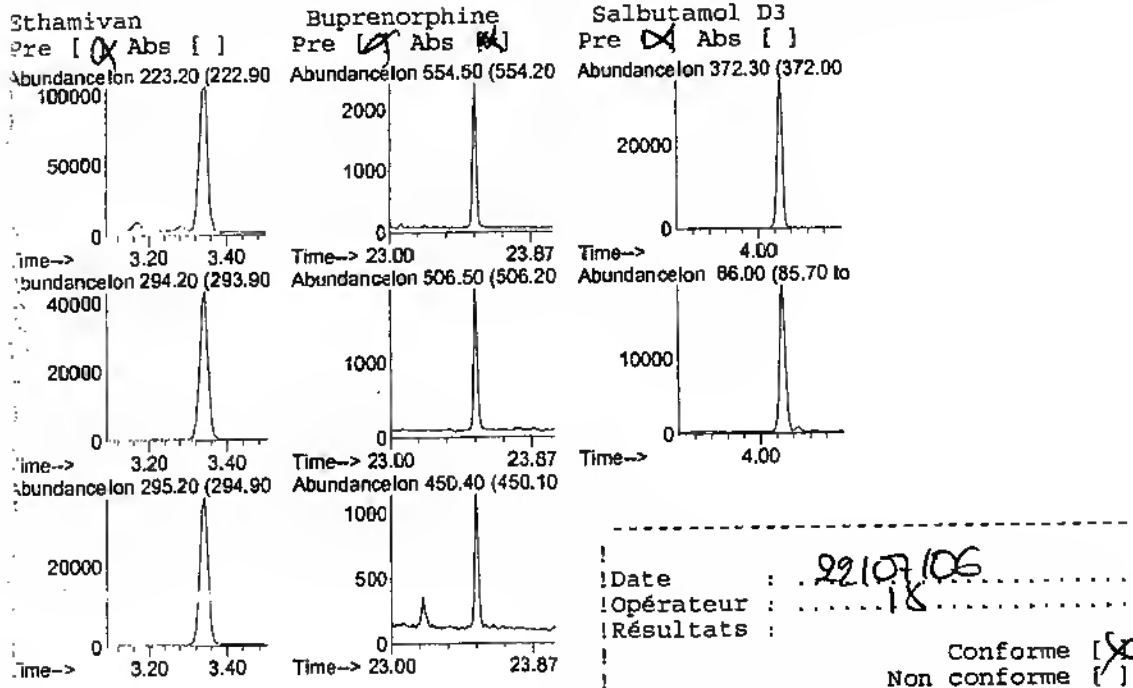
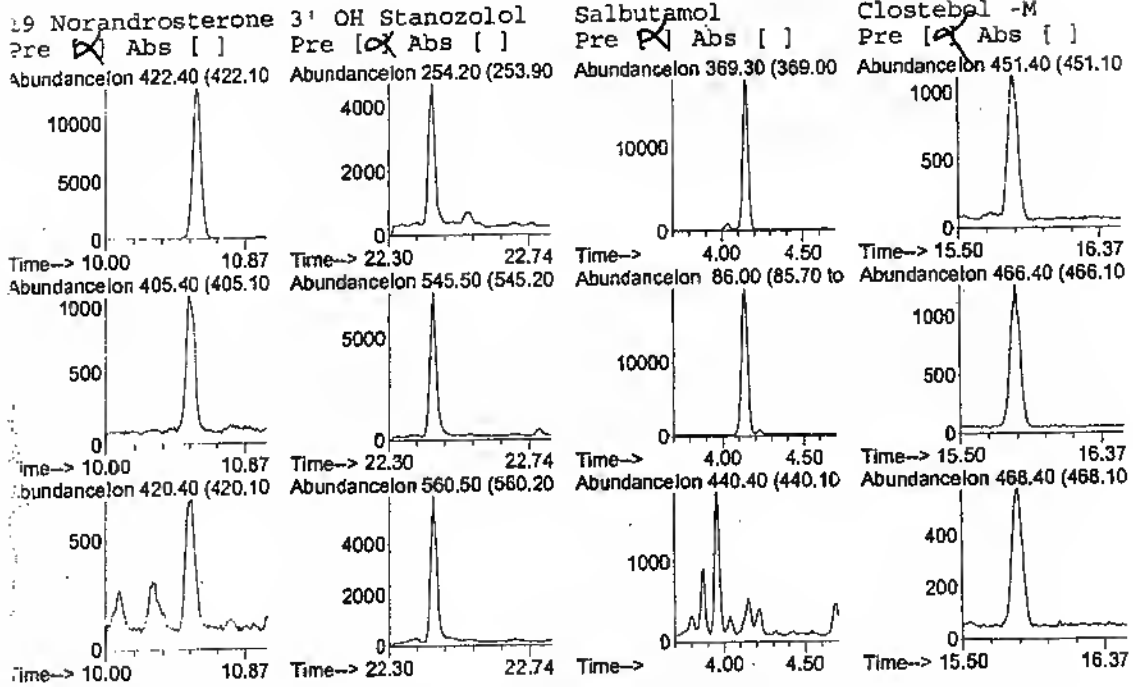


VERIFICATION DU CONTROLE QUALITE ANABOLISANT



Date : 22/07/06  
 Operateur : [Signature]  
 Resultats :  
 Conforme   
 Non conforme [ ]  
 Remarques : OK [Signature]