



RUC.: 0190360636001

**FACTURA**

**No.: 001-003-000047051**

**NUMERO DE AUTORIZACIÓN**

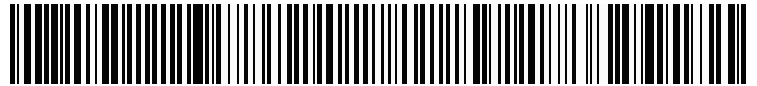
2312202501019036063600120010030000470512107266211

**FECHA Y HORA DE AUTORIZACION**

2025-12-24T10:22:11-05:00

**AMBIENTE: PRODUCCION**

**C L A V E D E A C C E S O**



2312202501019036063600120010030000470512107266211

**REPRESENTACIONES PEDRO ARANEDA FERRER E HIJOS CIA. LTDA.**

Dir. Matriz: JUAN IÑIGUEZ NO. 2-34 Y GONZALO

CORDERO

Dir. Sucursal: : JUAN IÑIGUEZ NUMERO: 2-34

Teléfono: 072814911

OBLIGADO A LLEVAR CONTABILIDAD: SI

Contribuyente Especial Nro.: 000287

Razon Social: MUNOZ-LABORATORIO-CLINICO S.A.S.

RUC/CI: 0691785357001

Fecha Emisión: 23/12/2025

Guía de Remisión:

Dirección: CARLOS ZAMBRANO 2855 Y AV GONZALO DAVALOS RIOBAMBA

Teléfono: 0987741308

CEL0987741308

| Cod. Principal | Descripción  | Registro Sanitario | Cant. | Precio Unitario | Descuento | Precio Total |
|----------------|--|--------------------|-------|-----------------|-----------|--------------|
| 130653011M     | MAGLUMI ANTI-TPO (CLIA) X 50 (250250211-15.02.2027)  | 15696-DME-         | 2.00  | 202.50          | 0.00      | 405.00       |
| 130652003M     | MAGLUMI TOTAL ß HCG (CLIA) X 50 (257250211-22.02.2027)   | 15899-DME-0124     | 1.00  | 77.75           | 0.00      | 77.75        |
| 130656004M     | MAGLUMI NT-PROBNP (CLIA) X 50 (492250311-29.03.2027)   | 15634-DME-1123     | 1.00  | 306.00          | 0.00      | 306.00       |
| 130652007M     | MAGLUMI ESTRADIOL (CLIA) X 50 (256250311-29.04.2027)   | 15700-DME-1223     | 2.00  | 76.17           | 0.00      | 152.34       |
| 130601035M     | MAGLUMI FREE PSA (CLIA) X 50 (222250111-08.04.2027)  | 15878-DME-0124     | 2.00  | 123.00          | 0.00      | 246.00       |
| 130663001M     | MAGLUMI FA (CLIA) X 50 (216250311-24.03.2027)  | 15633-DME-1        | 1.00  | 116.62          | 0.00      | 116.62       |
| 130651001M     | MAGLUMI FERRITIN (CLIA) X 50 (263250211-11.08.2027)  | 15747-DME-1223     | 2.00  | 70.75           | 0.00      | 141.50       |
| 130653004M     | MAGLUMI FREE T4 (CLIA) X 50 (245250211-14.02.2027)   | 15696-DME-1223     | 8.00  | 67.75           | 0.00      | 542.00       |
| 130652002M     | MAGLUMI LH (CLIA) X 50 (252250111-16.06.2027)  | 15700-DME-1223     | 1.00  | 76.17           | 0.00      | 76.17        |
| 130661001M     | MAGLUMI INTACT PTH (CLIA) X 50 (474250211-17.03.2027)  | 15933-DME-         | 1.00  | 213.95          | 0.00      | 213.95       |
| 130653007M     | MAGLUMI ANTI-TG (CLIA) X 50 (247250311-30.04.2027)   | 15696-DME-         | 1.00  | 153.75          | 0.00      | 153.75       |
| 130603023M     | MAGLUMI TSH (CLIA) X 50 (241250221-11.10.2027)   | 15696-DME-1223     | 15.00 | 79.50           | 0.00      | 1,192.50     |
| 130299007M     | MAGLUMI SYSTEM TUBING CLEANING SOLUTION (1BOX=1*500ML) (305250401-30.04.2026)                        | 15901-DME-0124     | 2.00  | 76.10           | 0.00      | 152.20       |
| FC-F-I         | FECAL CALPROTECTIN TEST KIT (FLUORESCENCE IMMUNOCHROMATOGRAPHY) X 25 FI-620 (A2506003025-25.06.2026) | 17867-DME-1224     | 2.00  | 375.00          | 0.00      | 750.00       |
| FLETE ENVIO    | FLETE  |                    | 1.00  | 8.00            | 0.00      | 8.00         |

| Cod. Principal                               | Descripción   | Registro Sanitario | Cant.         | Precio Unitario           | Descuento | Precio Total    |
|--|---|--------------------|---------------|---------------------------|-----------|-----------------|
| <b>Información Adicional</b>                 |   |                    |               |                           |           |                 |
| <b>Email:</b>                                | contabilidad@munozlaboratorio.com.ec                                |                    |               |                           |           |                 |
| <b>Dirección Envío:</b>                      | CARLOS ZAMBRANO 2855 Y AV GONZALO DAVALOS<br>RIOBAMBA CEL0987741308 |                    |               |                           |           |                 |
| <b>Forma Pago</b>                            | <b>Valor</b>  | <b>Plazo</b>       | <b>Tiempo</b> |                           |           |                 |
| OTROS CON UTILIZACIÓN DEL SISTEMA FINANCIERO | 5,213.85  | 0                  | 0             |                           |           |                 |
|  |   |                    |               | SUBTOTAL SIN DESCUENTOS   |           | 4,533.78        |
|  |   |                    |               | VALOR DESCUENTOS          |           | 0.00            |
|  |   |                    |               | VALOR DESCUENTO ADICIO.   |           | 0.00            |
|  |   |                    |               | SUBTOTAL 15%              |           | 4,533.78        |
|  |   |                    |               | SUBTOTAL 0%               |           | 0.00            |
|  |   |                    |               | SUBTOTAL No objeto de IVA |           | 0.00            |
|  |   |                    |               | SUBTOTAL SIN IMPUESTOS    |           | 4,533.78        |
|  |   |                    |               | ICE                       |           | 0.00            |
|  |   |                    |               | IVA 15%                   |           | 680.07          |
|  |   |                    |               | <b>VALOR TOTAL</b>        |           | <b>5,213.85</b> |

Favor cancelar con cheque y/o depositar  
EN LA CTA CTE No 3456761904 DEL BANCO DEL PICHINCHA  
A NOMBRE DE: REPRESENTACIONES PEDRO ARANEDA FERRER E HIJOS CÍA LTDA  
NOTIFICAR: eliza.naula@araneda.com.ec Whatsapp: 0984 736 699