



RUC.: 0190360636001

**FACTURA**

**No.: 001-003-000047916**

**NUMERO DE AUTORIZACIÓN**

0902202601019036063600120010030000479165748507012

**FECHA Y HORA DE AUTORIZACION**

2026-02-09T17:49:31-05:00

**AMBIENTE: PRODUCCION**

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



0902202601019036063600120010030000479165748507012

**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: MUÑOZ CASTELO NELSON ENRIQUE

RUC/CI: 0603001249001

Fecha Emisión: 09/02/2026

Guía de Remisión:

Dirección: PRIMERA CONSTITUYENTE3907 Y CARLOS ZAMBRANO

Teléfono: 032960641

RIOBAMBATELF032960641

| Cod. Principal | Descripción   | Registro Sanitario | Cant. | Precio Unitario | Descuento | Precio Total |
|----------------|---|--------------------|-------|-----------------|-----------|--------------|
| 130652003M     | MAGLUMI TOTAL B HCG (CLIA) X 50 (257250311-15.06.2027)                        | 15899-DME-0124     | 1.00  | 77.75           | 0.00      | 77.75        |
| 130656004M     | MAGLUMI NT-PROBNP (CLIA) X 50 (492250311-29.03.2027)                          | 15634-DME-123      | 1.00  | 306.00          | 0.00      | 306.00       |
| 130601031M     | MAGLUMI CA 125 (CLIA) X 50 (218250311-17.12.2027)                             | 15878-DME-0124     | 1.00  | 188.75          | 0.00      | 188.75       |
| 130670002M     | MAGLUMI CORTISOL (CLIA) X 50 (468250211-05.03.2027)                           | 15931-DME-         | 1.00  | 94.95           | 0.00      | 94.95        |
| 130656008M     | MAGLUMI D-DIMER (CLIA) X 50 (461250211-17.04.2027)                            | 15902-DME-         | 1.00  | 217.08          | 0.00      | 217.08       |
| 130652007M     | MAGLUMI ESTRADIOL (CLIA) X 50 (256250311-29.04.2027)                          | 15700-DME-1223     | 1.00  | 76.17           | 0.00      | 76.17        |
| 130653004M     | MAGLUMI FREE T4 (CLIA) X 50 (245250311-14.05.2027)                            | 15696-DME-1223     | 7.00  | 67.75           | 0.00      | 474.25       |
| 130652009M     | MAGLUMI PROGESTERONE (CLIA) X 50 (254250311-15.04.2027)                       | 15700-DME-1223     | 1.00  | 76.17           | 0.00      | 76.17        |
| 130653002M     | MAGLUMI TOTAL T4 (CLIA) X 50 (243250211-23.09.2027)                           | 15696-DME-1223     | 2.00  | 66.24           | 0.00      | 132.48       |
| 130656002M     | MAGLUMI CTNI (CLIA) X 50 (292250211-25.03.2027)                               | 15634-DME-123      | 1.00  | 226.61          | 0.00      | 226.61       |
| 130603023M     | MAGLUMI TSH (CLIA) X 50 (241250221-11.10.2027)                                | 15696-DME-1223     | 10.00 | 79.50           | 0.00      | 795.00       |
| 130661004M     | MAGLUMI 25-OH VITAMIN D (CLIA) X 50 (262250311-18.04.2027)                    | 15633-DME-123      | 1.00  | 352.00          | 0.00      | 352.00       |
| 130663002M     | MAGLUMI VITAMIN B12 (CLIA) X 50 (459240511-22.08.2026)                        | 15633-DME-1        | 1.00  | 258.00          | 0.00      | 258.00       |
| 130617501M     | MAGLUMI ANTI-CCP (CLIA) X 50 (404250211-24.03.2027)                           | 16018-DME-0124     | 1.00  | 282.90          | 0.00      | 282.90       |
| 130653011M     | MAGLUMI ANTI-TPO (CLIA) X 50 (250250311-04.06.2027)                           | 15696-DME-         | 1.00  | 202.50          | 0.00      | 202.50       |
| 130299007M     | MAGLUMI SYSTEM TUBING CLEANING SOLUTION (1BOX=1*500ML) (305251101-05.12.2026) | 15901-DME-0124     | 1.00  | 76.10           | 0.00      | 76.10        |
| 130299006M     | MAGLUMI LIGHT CHECK(1BOX=5X2ML) (314250301-09.01.2027)                        | 15901-DME-0124     | 2.00  | 32.00           | 0.00      | 64.00        |
| FLETE ENVIO    | FLETE   |                    | 1.00  | 10.00           | 0.00      | 10.00        |

| 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>                      | PRIMERA CONSTITUYENTE3907 Y CARLOS ZAMBRANO RIOBAMBATEL032960641 |                    |               |                           |           |                 |
| <b>Forma Pago</b>                            | <b>Valor</b>   | <b>Plazo</b>       | <b>Tiempo</b> |                           |           |                 |
| OTROS CON UTILIZACIÓN DEL SISTEMA FINANCIERO | 4,497.32   | 0                  | 0             |                           |           |                 |
|  |  |                    |               | SUBTOTAL SIN DESCUENTOS   |           | 3,910.71        |
|  |  |                    |               | VALOR DESCUENTOS          |           | 0.00            |
|  |  |                    |               | VALOR DESCUENTO ADICIO.   |           | 0.00            |
|  |  |                    |               | SUBTOTAL 15%              |           | 3,910.71        |
|  |  |                    |               | SUBTOTAL 0%               |           | 0.00            |
|  |  |                    |               | SUBTOTAL No objeto de IVA |           | 0.00            |
|  |  |                    |               | SUBTOTAL SIN IMPUESTOS    |           | 3,910.71        |
|  |  |                    |               | ICE                       |           | 0.00            |
|  |  |                    |               | IVA 15%                   |           | 586.61          |
|  |  |                    |               | <b>VALOR TOTAL</b>        |           | <b>4,497.32</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  
DatosAdicionales GUARANDA