Nombre de proyecto:

Responsable:

Fechas:

Equipo de pruebas:

| **Nº** | **Tareas/casos** | **Cantidad** | **Involucrados** | **Resultado/Observaciones del equipo de pruebas** |
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| **Item 1** |
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| **Item 2** |
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| **Item 3** |
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| **Item 4** |
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| **Item 5** |
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| **Item 6** |
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| **Item 7** |
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| **Item 8** |
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Observaciones:

Recomendaciones: