**واحد فراهم آوري اعضا و نسوج پيوندي**

**دانشگاه علوم پزشكي شهيد بهشتي**

**نام و نام خانوادگي: شماره تماس:**

**پاسخنامه آزمون سفيران**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **د** | **ج** | **ب** | **الف** | ردیف | **د** | **ج** | **ب** | **الف** | ردیف |
|  |  |  |  | 17 |  |  |  |  | 1 |
|  |  |  |  | 18 |  |  |  |  | 2 |
|  |  |  |  | 19 |  |  |  |  | 3 |
|  |  |  |  | 20 |  |  |  |  | 4 |
|  |  |  |  | 21 |  |  |  |  | 5 |
|  |  |  |  | 22 |  |  |  |  | 6 |
|  |  |  |  | 23 |  |  |  |  | 7 |
|  |  |  |  | 24 |  |  |  |  | 8 |
|  |  |  |  | 25 |  |  |  |  | 9 |
|  |  |  |  | 26 |  |  |  |  | 10 |
|  |  |  |  | 27 |  |  |  |  | 11 |
|  |  |  |  | 28 |  |  |  |  | 12 |
|  |  |  |  | 29 |  |  |  |  | 13 |
|  |  |  |  | 30 |  |  |  |  | 14 |
|  |  |  |  | 31 |  |  |  |  | 15 |
|  |  |  |  | 32 |  |  |  |  | 16 |