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- Ap — Ampicillin
- PG1 — Penicillin
- T — Tetracycline
- TM — Trimethoprim
- GM — Gentamicin
- Cx — Flucloxacillin
- C — Chloramphenicol
- Mz — Metronidazole
- Ak — Amikacin
- Er — Erythromycin
- Cxm — Cefuroxime
- CH — Cephradine
- NN — Tobramycin
- Fc — Fusidic Acid
- AUG — Co-Amoxiclav
- MEC — Mecillinam
- CTX — Cefotaxime
- NET — Netilmicin
- CIP — Ciprofloxacin
- CAZ — Cefazidime

TAB AND PEEL OFF STRIP FROM THIS SIDE

92 0082 Ref: 5085

**BACTERIOLOGY**  
**FOR SWABS, SPUTA etc.**  
**NOT FOR URINE CULTURES**

SURNAME (Block Letters) **Crawford**      FIRST NAMES **Lucy**      D.O.B. **5/11/98**      SEX **F.**  
 PHYSICIAN/SURGEON **Jo D**      WARD or DEPT. **Childs**      ANY PREVIOUS LAB Nos. YES/NO      HOSPITAL No. **123000**

CLINICAL DIAGNOSIS and HISTORY **Vomiting**      COMMUNITY ACQUIRED: **Y / N**  
 NATURE OF SPECIMEN **Faeces**      TIME SPECIMEN TAKEN **3 AM**      DATE TAKEN **13/4/00**

ANTIBIOTIC: \_\_\_\_\_      CULTURE: **E0157+  
HOLERA  
LTOR  
TYPE  
Jik**

EXAMINE **C/S**      NO SALMONELLA sp, SHIGELLA sp  
 CAMPYLOBACTER JEJUNI/COLI OR  
 E. COLI 0157 H7 ISOLATED  
 GRAM SA **No**      VIBRIO CHOLERA ISOLATED  
 ZEH NE

**Rotavirus Detected by ELISA**      Phenol RVH Pad 100  
**No Adenovirus Detected**      4.15pm 14/4/00

ORGANISMS	AP	PG1	T	ER	TM	CTX	GM	CXM	Cx	AUG	CIP	MZ

REFER TO THE BACK OF THIS REPORT FOR FULL LIST OF ANTIBIOTICS

DATE **5**      SIGNATURE **Th**  
**FAECES**  
**13/04/00**

PEEL AWAY P ALONG PRINTS  
WGPO 120

Tel. 0181 992 0062 Ref: 5085

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- Trimethoprim
- Gentamicin
- Flucloxacillin
- Chloramphenicol
- Metronidazole
- Amikacin
- Erythromycin
- Cefuroxime
- Cephadrine
- Tobramycin
- Fusidic Acid
- Co-Amoxiclav
- Mecillinam
- Cefotaxime
- Netilmicin

- GM
- CX
- C
- MZ
- AK
- ER
- CXM
- NN
- FC
- AUG
- MEC
- CTX
- NET
- CIP

LAB AND PEEL OFF

<b>URINE CULTURE</b>		<b>SPERRIN LAKELAND LABORATORIES MICROBIOLOGY</b>		Date / Time of sample 12/4/00 d.l. 07		<b>159</b>																																																											
SURNAME <i>CLAW Joad</i>		FORENAMES <i>LUCY</i>		NHS PATIENT <input checked="" type="checkbox"/>	CLINICAL SUMMARY <i>Vomiting</i>				URINE WEEK <b>15</b>																																																								
D.O.B. <i>5/11/98</i>	SEX <i>F</i>	ADDRESS		PRIVATE PATIENT <input type="checkbox"/>	ANTIBIOTIC TREATMENT <i>NONE</i>																																																												
HOSPITAL C. <i>ERNE</i>	CONS / G.P.	UNIT No. <i>123000</i>	WARD <i>C10</i>	M.O.'s SIGNATURE					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>SENSITIVITY</th> <th>1</th> <th>2</th> <th>3</th> </tr> <tr><td>AMPICILLIN</td><td></td><td></td><td></td></tr> <tr><td>TRIMETHOPRIM</td><td></td><td></td><td></td></tr> <tr><td>CEPHADRINE</td><td></td><td></td><td></td></tr> <tr><td>NITROFURANTOIN</td><td></td><td></td><td></td></tr> <tr><td>CO-AMOXICLAV</td><td></td><td></td><td></td></tr> <tr><td>CIPROFLOXACIN</td><td></td><td></td><td></td></tr> <tr><td>GENTAMICIN</td><td></td><td></td><td></td></tr> <tr><td>PIPERACILLIN</td><td></td><td></td><td></td></tr> <tr><td>CEFTAZIDIME</td><td></td><td></td><td></td></tr> <tr><td>PIPERACILLIN</td><td></td><td></td><td></td></tr> <tr><td>IMPENEM</td><td></td><td></td><td></td></tr> <tr><td>FLUCLORACILLIN</td><td></td><td></td><td></td></tr> <tr><td>MUPIROCIN</td><td></td><td></td><td></td></tr> </table>	SENSITIVITY	1	2	3	AMPICILLIN				TRIMETHOPRIM				CEPHADRINE				NITROFURANTOIN				CO-AMOXICLAV				CIPROFLOXACIN				GENTAMICIN				PIPERACILLIN				CEFTAZIDIME				PIPERACILLIN				IMPENEM				FLUCLORACILLIN				MUPIROCIN			
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<b>URINE EXAMINATION</b>																																																																	
CHEMISTRY:		CULTURE* organisms per ml.																																																															
PROTEIN	NIL	NO GROWTH																																																															
GLUCOSE	NIL	NO SIGNIFICANT GROWTH			✓																																																												
KETONES	<del>NIL</del>	MIXED GROWTH - Please Repeat																																																															
NITRATES	NIL	* SIGNIFICANT (100,000 or more)																																																															
BLOOD	NIL																																																																
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EPITHELIAL CELLS																																																																	
CRYSTALS																																																																	
REMARKS: <i>RECEIVED IN WHITE TOP BOTTLE</i>																																																																	
SIGNATURE <i>RK</i>		Date of Report <i>14/4/00</i>		PHONE: ERNE HOSPITAL EXTENSION 2385 TYRONE COUNTY HOSPITAL EXTENSION 2145																																																													

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LC Erne Hospital

