10 9 8 7 6 5

PEEL OFF STRIP FRC

[redacted] HOSPITAL

DATE & LAB REF No.

BACTERIOLOGY
FOR SWABS, SPUTA etc.
NOT FOR URINE CULTURES

CHI NUMBER [redacted]

PRIVATE CATEGORY
PRIVATE / NHS / NON-UK

SURNAME (Block Letters)	FIRST NAMES	D.O.B.	SEX
Crawford	Lucy	5/11/98	F

PHYSICIAN/SURGEON	WARD or DEPT.	ANY PREVIOUS LAB Nos. YES/NO
JO'D	Child	HOSPITAL No. 123000

CLINICAL DIAGNOSIS and HISTORY Vomiting

COMMUNITY ACQUIRED: Y / N

NATURE OF SPECIMEN	TIME SPECIMEN TAKEN	DATE TAKEN
Faeces.	3AM	13/4/00

ANTIBIOTIC

ANY ADDITIONAL SENSITIVITIES REQUIRED E.0157+ CHOLERA ELTOR TYPE.

EXAMINATI

CULTURE:
NO SALMONELLA sp, SHIGELLA sp
CAMPYLOBACTER JEJUNI/COLI OR
E.COLI 0157 H7 ISOLATED

GRAM STAIN

ZIEHL NE

No VIBRIO CHOLERA ISOLATED

Rotavirus Detected by EIA Phoned RVH Peed Icu 4.15pm 14/4 KC

No Adenovirus Detected

ANTIBIOTICS SENSITIVITIES*

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

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

Th

DATE 5
FAECES
13/04/00

SIGNATURE .....

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043-024-053

LC-SLT