

ROYAL VICTORIA HOSPITAL  
BELFAST BT12 6BA

Full Name: ADAM STRAIN  
Unit No.: 364377 DOB 4/8/91  
Ward: MUGGLAN W3

I, DEBRA STRAIN m/o Adam Strain  
(being the ..... of the above named patient) hereby consent to  
the performance of the operation of Reinsertion of stents / Bilateral uterine ulterotomies V&A  
patient the nature and purpose of which have been explained to me by  
Dr. Mr. Ms. Amina Sah

I also consent to such further or alternative operative measures as may be found to be necessary during  
the course of the operation and to the administration of general, local or other anaesthetic for any of these purposes.

\*No assurance has been given to me that the operation will be performed by any particular surgeon.

Date 24/12/91 (Signed) Debra Strain (Patient)

I confirm that I have explained to the patient the nature and purpose of this operation.

Date 24/12/91 (Signed) Amina Sah (Medical Practitioner)

\* This sentence should be deleted in the case of the private patient.

ANAESTHETIC AND OPERATION CONSENT FORM (GENERAL)

MR36

WMX3329

THE UNIT OF CMV NEGATIVE CONCENTRATED RED CELLS

NO : 748329R5

ABO/Rh Group : A POSITIVE

IS ISSUED UNCROSSMATCHED FOR:-

Name : ADAM STRAIN

DOB : 4. 8. 91

ISS. NO 00040605

Hospital/No : CH 00364377

Ward : MUGG

Lab No : 91/019183

ABO/Rh Group : A POSITIVE

Date : 20. 12. 91

Issued by : P. J. COOKE

THIS PRODUCT MUST BE USED WITHIN 24 HOURS

BEFORE TRANSFUSING THIS UNIT. THIS SECTION MUST BE SIGNED

I have verified the Patient's Name, Date of Birth, Hospital Unit No  
and Blood Group report. These conform with the details stated here  
and with the Patient's Chart and Identification Band

Signature : Hilly Date : 25/12/91

TO BE RETAINED IN THE PATIENT'S CHART

AS - ROYAL

049-011-023