

CONSENT SHEET

NAME

HOSPITAL No.

DOB

PATIENT'S IDENTIFICATION

(Consent forms to be affixed to back of sheet)

R.S.R.S.C.

WARD: MUSGRAVE WARD
 CONSULTANT: M SAVAGE

SURNAME STRAIN

FORENAME ADAM

DATE OF BIRTH 24/06/1961

SEX M

NO: 364377

TEST	RESULT	UNITS	REF. RANGE
URINE SODIUM	37	MMOL/L	
URINE POTASSIUM	15	MMOL/L	
URINE UREA	49	MMOL/L	

Date of Specimen 29/05/1992

LAB. NUMBER 001102

Date of Report 29/05/1992

RBHSC BIOCHEMISTRY

053-028-084

R.B.H.S.C.
WARD: MUSBRAVE WARD
CONSULT: DR N SAVAGE

SURNAME STRAIN
FORENAME ADAM
Age: 1.0.0. 04/02/1992
NO: 364777

TEST	RESULT	UNITS	REF. RANGE
Sodium	145	mmol/l	(135-145)
Potassium	3.8	mmol/l	(3.5-5.0)
Urea	13.1*	mmol/l	(2.5-7.0)
Total Protein	70	g/l	(58-85)
Calcium	2.38	mmol/l	(2.23-2.63)
Albumin	39	g/l	(37-55)
Creatinine	279	umol/l	(35-100)

Date of Specimen 01/06/1992
S. NUMBER 000135
Date of Report 01/06/1992

RBHSC BIOCHEMISTRY

053-028-085

THE
JARI
CONSULT FOR SAVAGE

SURNAME STRAIN
FORENAME ADAM
AGE/D.O.B. 04/08/1991
NO: 364377

Sex: M

TEST	RESULT	UNITS	REF. RANGE
Urea	140	mmol/l	(135-145)
Creatinine	4.1	mmol/l	(3.5-5.0)
Urea	14.1	mmol/l	(2.5-7.0)
Total Protein	70	g/l	(58-85)
Urea Nitrogen	268	umol/l	(35-100)

[Signature]

053-028-086

AS - ROYAL

FORENAME ADAM
Age/D.O.B. 04/08/1991
NO: 364377

Sex M

TEST	RESULT	UNITS	REF. RANGE
pH	SPECIMEN	CLOTTED	
PCCO2	SPECIMEN	CLOTTED	
PO2	SPECIMEN	CLOTTED	
Base Excess	SPECIMEN	CLOTTED	
Std. Bicarbonate	SPECIMEN	CLOTTED	
TIME	SPECIMEN	CLOTTED	

AS - ROYAL

053-028-087

CONSULT: DR. M. SAVAGE

FORENAME: ADAM

Age/D.O.B. 04/08/1991

Sex M

NO: 364377

TEST	RESULT	UNITS	REF. RANGE
Sodium	143	mmol/l	(135-145)
Potassium	3.4	mmol/l	(3.5-5.0)
Urea	14.5	mmol/l	(2.5-7.0)
Total Protein	78	g/l	(58-85)
Creatinine	300	umol/l	(35-100)

Date of Specimen 22/05/1992

LAB. NUMBER 000822

Date of Report 22/05/1992



RBHSC BIOCHEMISTRY

Go.

053-028-088

AS - ROYAL

RENAMING ADAM
Age/D.O.B. 04/08/1971
NL: 354377

Date of Specimen 13/05/1992
LAB NUMBER 000514
Date of Report 13/05/1992 ✓

RBHSC BIOCHEMISTRY

82

CONSULTANT DR M SAVAGE

BERNARD
FORENAME ADAM

Age/D.O.B. 04/08/1991

Sex M

NO: 364377

TEST	RESULT	UNITS	REF. RANGE
Sodium	141	mmol/l	(135-145)
Potassium	4.7	mmol/l	(3.5-5.0)
Urea	10.1 ↑	mmol/l	(2.5-7.0)
Total Protein	71	g/l	(58-85)
Creatinine	219 ↓	umol/l	(35-100)

Date of Specimen 12/05/1992

LAB. NUMBER 000466

Date of Report 12/05/1992

RBHSC BIOCHEMISTRY

SI

053-028-090

R.B.H.S.C.
MUSGRAVE MEDICAL WARD

DR J.M.SAVAGE (MS)

Forename ADAM
Age/D08 04\08\91 Sex M
Hosp.No. 364377

FAECES

SUGAR CHROMATOGRAPHY

Lactose	= < 50 mg/100ml
Galactose	= 50 - 100 mg/100ml
Glucose	= 50 - 100 mg/100ml

Date of Specimen 30\04\92
Lab.No. 15733
Date of Report 07\05\92

G.S.Nesbitt
R.V.H. BIOCHEMISTRY

053-028-091

R.S.H.S.C.
MUSGRAVE MEDICAL WARD

DR J.M.SAVAGE (MS)

Surname STRAIN
Forename ADAM
Age/DOS 04/08/91 Sex M
Hosp.No. 364377

SERUM	VALUE
Sodium	= 141 mmol/l
Potassium	= ↑ 5.7* mmol/l
Chloride	= 113* mmol/L
Urea	= 6.8 mmol/l
Creatinine	= ↑ 203* umol/l
.	= ***

ADULT RANGE
(135 TO 145)
(3.5 TO 5.0)
(98 TO 108)
(3.3 TO 8.8)
(40 TO 110)

Date of Specimen 04/08/92
Lab.No. 02354
Date of Report 06/08/92

G.S.Nesbitt
S.V.H. STUC-PMISTRY

053-028-092

R.B.
WARD: MURPHY
CONSULT: DR M SAVAGE

SURNAME: STRAIN
FORENAME: ADAM
Age/D.O.B. 04/08/1991
NO: 364377

Sex M

TEST	RESULT	UNITS	REF. RANGE
Sodium	140	mmol/l	(135-145)
Potassium	4.2	mmol/l	(3.5-5.0)
Urea	5.9	mmol/l	(2.5-7.0)
Total Protein	70	g/l	(58-85)
Creatinine	206 	umol/l	(35-100)

Date of Specimen 05/05/1992
LAB. NUMBER 000196
Date of Report 05/05/1992

RBHSC BIOCHEMISTRY

SI

053-028-093

R.B.H.S.C.
WARD: MUSGRAVE WARD
CONSULT: DR M SAVAGE

SURNAME STRAIN
FORENAME ADAM
Age/D.O.B. 04/08/1991 Sex M
NO: 364377

TEST	RESULT	UNITS	REF. RANGE
pH	7.45		7.32-7.45.
PCO2	23	mm Hg	35-45
PO2	66	mm Hg	80-120
Base Excess	-5.3	mmol/L	0 +/- 2.5
Std. Bicarbonate	20.7	mmol/L	22-26
TIME	1445		

h



053-028-094

PORT MOUNT SHEET

SURNAM

NAME

HOSPITAL No.

D.O.B.

ACCIV BAYMENTIC IDENTIFICATION LABEL HERE

(Consent forms to be affixed to back of sheet)

Lab No.

152/01179

CH 364377 K
ADAM STRAIN

Clinical diagnosis & reason for request

Renal pt
Diarrhoea

S 04/08/91

B

Mung WD/OP CONSULTANT

Nature of specimen

faeces

Antibiotic therapy

Fluconazole
Septin

Request:

OAS

Doctor's signature

Dr Sahni (pp)

Date:

14/5/92

REPORT

No specific pathogens isolated h8ha

WMA 312

Lab No.

92/ 29 11
92/ 29 11

Clinical diagnosis & reason for request

? Infection.
Pyrexia.

Hospital No.

364377

M/F

M

Name

Adam Strain

DOB

4/8/91

Address

[Redacted Address]

Ward

Musgrave

Clinic

Consultant

DR SAVAGE

Nature of specimen

Urine

Antibiotic therapy

Septtrin.

Request:

OTS.

Doctor's signature

P.P

Date:

13/5/92.

REPORT

Diet : 60 per cent amylase urine +

Staphylococcus aureus

Re

RL

W

A

Q

NA

CX

NET

AK

Se.

(F) ✓

mod

CTX

Gx

SEHS

WMA 3129

053-028-096

Lab No.

NS2/01165

CH 354977 K
M.F.
ADAM STRAIN

S 04/08/91

Clinical diagnosis & reason for request

Pu O-

B

myocarditis

WD/OP CONSULTANT

Nature of specimen

Heart sub

Antibiotic therapy

septrin / flucanazole

Request:

Direct & OTH

Doctor's signature

Date:

12/5/91

REPORT

NO SIGNATURE WITH

WMA 3129

053-028-097

AS - ROYAL

Lab No. 32/ 27	Hospital No. 36377 M/F M
Clinical diagnosis & reason for request Renal patient	Name Adam S. Khan DOB [redacted] Address [redacted] Ward My Clinic Consultant Savage
Nature of specimen B. 54	Antibiotic therapy Tincanazole } Oral Aproxia } PP. B. Carey
Request: AS + Culture / Direct please phone result	Doctor's signature [Signature] Date: 12/5/92
REPORT 2339	

Direct - 60 per cells

NO GROWTH

WMA 3129

053-028-098

CHILDREN'S HOSPITAL
MUSGRAVE WARD

FALLS ROAD
BELFAST

(4827)

Surname STRAIN
Forename ADAM
Age/DOB 38W 04/08/91 Sex M
Hosp. No. 364377
Specimen BLOOD

BLOOD CULTURE. NO GROWTH IN 7 DAYS
.....

* FOR FURTHER INFORMATION, IF REQUIRED... Phone 4158
Accn. No. BB02018
Date: 08/05/92

Specimen Date: 01/05/92

Page 1 of 1
R. V. H. BACTERIOLOGY

053-028-099

CHILDREN'S HOSPITAL
Musgrave Ward
DR M SAVAGE (MS)
FALLS ROAD
BELFAST

Surname STRAIN
Forename ADAM
Age/DOB 38W 04/08/91 Sex M
Hosp.No. 364377
Specimen BLOOD

4827)

BLOOD CULTURE..... NO GROWTH IN 7 DAYS

h

FOR FURTHER INFORMATION, IF REQUIRED... Phone 4150 Page 1 of 1
No. BB01963
05/05/92 Specimen Date: 28/04/92 R.V.H. BACTERIOLOGY

053-028-100

CHILDREN'S HOSPITAL
MUSGRAVE WARD
FALLS ROAD
BELFAST
(3396)

Surname STRAIN
Forename ADAM
Age/DOB 364377
Specimen URINE (Direct)
Sex M

CHILDREN'S HOSPITAL
MUSGRAVE WARD
FALLS ROAD
BELFAST
(1719)

Surname STRAIN
Forename ADAM
Age/DOB 364377
Specimen URINE (Bag spec.)
Sex M

URINE MICROSCOPY.....

Neutrophils	per ul.	90
Erythrocytes	per ul.	
Epithelial cells	per ul.	
Casts	per ul.	
Crystals		Present(few)
Organisms		

URINE CULTURE..... NO SIGNIFICANT GROWTH
..... < 10,000 orgs/ml

* FOR FURTHER INFORMATION, IF REQUIRED...Phone 4150
Accn.No. BU15600
Date: 05/05/92

* FOR FURTHER INFORMATION, IF REQUIRED...Phone 4150
Accn.No. BU15599
Date: 05/05/92

Page 1 of 1
R.V.H. BACTERIOLOG

013047 1015 Page 1

CHILDREN'S HOSPITAL
Musgrave Ward

FALLS ROAD
BELFAST

(4828)

Surname STRAIN

Forename ADAM

Age/DOB 38W 04/08/91 Sex M

Hosp. No. 364377

Specimen FAECES

FAECES CULTURE.....

NO SPECIFIC PATHOGENS ISOLATED IN 48 HOURS.

de

* FOR FURTHER INFORMATION, IF REQUIRED... Phone 4150

Accn. No. RR00031

Page 1 of 1

Date: 02/05/92

Specimen Date: 01/05/92

R. V. H. BACTERIOLOGY

Hospital No. 364377 M.F. M
Name Adam Stain OB. 4/8/91

Physician [Signature] Consultant Savage

Antibiotic therapy Ciprofloxacin

Doctor's signature [Signature]
Date 29/4/92

EOS
dried

N. High over seen
PAT. OOBULES SEEN

48 HOURS

WMA 3129

FALLS ROAD
BELFAST

(4827)

STRAIN

NAME ADAM

Age/DOB 37W 04/08/91 Sex M

Hosp. No. 364377

Specimen BLOOD

Strep. sanguis..... ISOLATED

~

* FOR FURTHER INFORMATION, IF REQUIRED... Phone 4150

Page 1 of 1

Accn. No. BB01876

Date: 29/04/92

Specimen Date: 22/04/92

R. V. H. BACTERIOLOGY

AS - ROYAL

053-028-104

REPORT MOUNT SHEET

(Consent forms to be affixed to back of sheet)

SURNAME

NAME

HOSPITAL No.

D.O.B.

AFFIX PATIENT'S IDENTIFICATION LABEL HERE

CHILDREN'S HOSPITAL
Musgrave, Ward

FALLS ROAD
BELFAST

(1719)

Surname STRAIN
Forename ADAM
Age/DOB 47W 04/08/91 Sex M
Hosp. No. 364377
Specimen URINE (Bag spec.)

URINE CULTURE..... NO SIGNIFICANT GROWTH
..... < 10,000 orgs/ml

* FOR FURTHER INFORMATION

Accn. No. BU22082

Date 30/06/92

Specimen No. 10

Date 29/06/92

053-028-105

AS - ROYAL

b No.

102/37/3

CH 364377 K
ADAM STRAIN
S 04/08/91

clinical diagnosis & reason for request

Chronic Renal Failure
Pyrexia

B
Musgrave Wd.
WD/OP CONSULTANT

nature of specimen

UBine

Antibiotic therapy
Gliconazole
Nitrofurantoin
Doctor's signature
Date: 12-6-92

request:

ATS Direct.
4 years.

REPORT

MAY RING SUNDAY A.M. FOR RESULT.

Test: on pm cell

No significant growth

LS.

WMA 312

Request: <i>one smear</i> Nature of specimen: <i>NG/MS</i> (inverted for use in testing)	Date: <i>10-8-91</i> Doctor's signature: <i>[Signature]</i> Antibiotic therapy: <i>[Signature]</i>
(inverted for use in testing)	Ward: Clinic: Consultant: Address:

Lab No. <i>92/365</i> Clinical diagnosis & reason for request: <i>WZ?</i> Nature of specimen: <i>MSU =</i> Request: <i>O/S Direct</i>	Hospital No. <i>364372</i> M/F <i>M</i> Name: <i>Adam Strain</i> DOB: <i>11/8/91</i> Address: <i>[Signature]</i> Ward: Clinic: Consultant: <i>Dr. Savage</i> Antibiotic therapy: ☒ <i>fluconazole</i> <i>nitrofurantoin</i> Doctor's signature: <i>pp Dr Savage</i> Date:
--	--

REPORT

Diet: - *Ne*

NO GROWTH

A.

WMA 312

053-028-107

Nature of specimen

Antibiotic therapy

Ward

Clinic

Consultant

Specimen for culture & sensitivity

Specimen

CHILDREN'S HOSPITAL
Musgrave Ward

FALLS ROAD
BELFAST

Surname STRAIN

Forename ADAM

Age/DOB 43W 04/08/91 Sex M

Hosp. No. 364377

Specimen URINE (Catheter)

(1719)

URINE CULTURE..... NO SIGNIFICANT GROWTH

..... < 10,000 orgs/ml

dt

X FOR FURTHER

Accn. No. BU19833

Date: 06/06/92

Specimen No.

053-028-108

Lab No. <u>92/3519</u>	Hospital No. <u>364377</u> M/F..... Name <u>Adam Strain</u> DOB..... Address Ward <u>MW</u> Clinic..... Consultant <u>Dr. Savage</u>
Clinical diagnosis & reason for request <u>Renal patient.</u>	
Nature of specimen Request: <u>cts please</u> <u>yeasts please.</u>	Antibiotic therapy <u>oral ciproxin</u> <u>oral fluconazole.</u> <u>iv. fortum</u> Doctor's signature <u>pp Dr Allen</u> Date: <u>4/6/92</u>

REPORT

NO GROWTH

dt

WMA 312

053-028-109

Aspergillus brodiaei +2 brodiaei bedness:		HP/180 Date: Doctor's signature: <i>[Signature]</i>
---	--	--

Lap No. 092/350	Hospital No. 364377 M/F
Clinical diagnosis & reason for request Renal failure	Name Adam Strain DOB Address Ward Musg Clinic Consultant Savage
Re of specimen Bag urine.	Antibiotic therapy Fluconazole Fluconazole Nikupuantom
Request: 0+s + yeast.	Doctor's signature pp Dr Senti Date: 3/6/92

REPORT

NO GROWTH

[Signature]

WMA 312

053-028-110

REPORT

01/06/92

Method: *good*

Site of specimen: *urine*

Date: *01/06/92*

Doctor's signature: *[Signature]*

Antibiotic therapy: *[Signature]*

Other notes: *[Signature]*

CHILDREN'S
Musgrave Ward

FALLS ROAD
BELFAST

(1719)

Hosp. No. 3842/7
Specimen URINE (Bag spec.)

URINE CULTURE..... NO SIGNIFICANT GROWTH
..... < 10,000 orgs/ml

[Signature]

* FOR FURTHER INFORMATION, IF REQUIRED... Phone 4150 Page 1 of 1
Accn. No. BU18894
Date: 01/06/92 Specimen Date: 01/06/92 R. V. H. BACTERIOLOGY

053-028-111

Lab No.

92/340

4377 K

M/F

ADAM STRAIN

04/08/91

Clinical diagnosis & reason for request

B

MD/OP

CONSULTANT

Sever

Nature of specimen

urine (bag spec)

Antibiotic therapy

Fortum

fenterogin

Request:

RTS

Doctor's signature

Date:

1.6.92

pp Dr. Seif

REPORT

NO GROWTH

At

WMA 312

053-028-112

AS - ROYAL

Clonidine 0.1mg tablets & capsules for treatment

Name: *Mr. J. J. J. J. J.* DOB: *04/08/91*

FALLS ROAD
BELFAST

(1719)

Age/DOB: 41W 04/08/91 Sex M
Hosp. No. 364377
Specimen URINE (M. S. S. U.)

URINE CULTURE..... NO SIGNIFICANT GROWTH

< 10,000 orgs/ml

* FOR FURTHER INFORMATION, IF REQUIRED... Phone 4150 Page 1 of 1
Accn. No. BU17896
Date: 22/05/92 Specimen Date: 21/05/92 R. V. H. BACTERIOLOGY

053-028-113

AS - ROYAL

CHILDREN'S HOSPITAL
Musgrave Ward

FALLS ROAD
BELFAST

(4827)

Surname STRAIN
Forename ADAM
Age/DOB 40W 04/08/91 Sex M
Hosp. No. 364377
Specimen BLOOD

BLOOD CULTURE..... NO GROWTH IN 7 DAYS

* FOR FURTHER INFORMATION, IF REQUIRED... Phone 4150

Page 1 of 1

Accn. No. BE02247

Date: 20/05/92

Specimen Date: 14/05/92

R. V. H. BACTERIOLOGY

053-028-114

Lab No. 92/ 2990	Hospital No. 364377 M/F M
Clinical diagnosis & reason for request Renal Patient ? UTI	Name Adam Strain DOB Address Ward MW Clinic Consultant DR Savage
Nature of specimen BSU	Antibiotic therapy oral septrin oral fluconazole
Request: C+S + yeasts Please	Doctor's signature DR Hughes Date: 15/5/92 10am
REPORT	

Dient - 100 Pm cell.

No significant growth

AQ.

WMA 312

053-028-115

AS - ROYAL

REPORT MOUNT SHEET

NAM

HOS

D.O.B.

(Consent forms to be affixed to back of sheet)

AFFIX PATIENT'S IDENTIFICATION LABEL HERE

Lab No.

92/3371

Clinical diagnosis & reason for request

renal Pt.

CH 364377 K
H ADAM STRAIN

N

S 04/08/91

A

B

W

Musegrave
WD/OP CONSULTANT

Nature of specimen

Urine for C & S
Request: Please.

Antibiotic therapy

Fluconazol. oral.
Eiproxin

Doctor's signature

Date:

P. Dr. H. Cathia

29/5/92

REPORT

No significant growth

053-028-116

AS - ROYAL

1/27/78 01:00:00

Amprionc 1/27/78

1/27/78

1/27/78

CHILDREN'S HOSPITAL
Musgrave Ward
DR M SAVAGE (MS)
FALLS ROAD
BELFAST

Surname STRAIN
Forename ADAM
Age/DOB 41W 04/08/91 Sex M
Hosp. No. 364377
Specimen BLOOD

(4827)

BLOOD CULTURE..... NO GROWTH IN 7 DAYS

4

053-028-117

AS - ROYAL

Lab No.

N92/01307

Hospital No.

364377

M/F

Name

Adam Strain

DOB

Address

Clinical diagnosis & reason for request

UTI
constant diarrhoea

Ward

M/S

Clinic

Consultant

Nature of specimen

Excess

Antibiotic therapy

Gyroxin

Request:

O&S

Doctor's signature

DP Dr Ronney

Date:

29/7/95

REPORT

No specific pathogens isolated

WMA 312

053-028-118

AS - ROYAL

Lab No. 92/3357	Hospital No. 58571 M/F
Clinical diagnosis & reason for request UTI.	Name Adam Sbrun DOB 10/11/88
	Address
Nature of specimen Bag urine	Ward MUSC Clinic..... Consultant.....
	Antibiotic therapy Ciprofloxacin
Request: O+S.	Doctor's signature PP Dr Sanhi Date: 29/5/12

REPORT

No significant growth

[Signature]

WMA 312

053-028-119

REPORT

Date:

Doctor's signature

Antibiotic therapy

Ward

Consultant

Address

Name

DOB

Clinical diagnosis & reason for request

Clinical

Clinical

Request

REPORT
REPORT

NO GROWTH

WMA 312

AS - ROYAL

053-028-120

053-028-121

DOCTOR 2 2005/11/05 HMCMS2

6100 01050000

Clinical diagnosis & reason for request

Ward

Address

Name DOB

CHILDREN'S

Musgrave Ward

FALLS ROAD
BELFAST

(4828)

STRAIN

Forename ADAM

Age/DOB 40W 06/08/91 Sex M

Hosp. No. 364377

Specimen FAECES

CL DIFFICILE NEGATIVE

053-028-121

Clinical diagnosis & reason for request	20-11-1968 ANDERSON B Ward: <u>MUSGRAVE</u> BT18 90L MD ADP CONSULTANT
Nature of specimen <i>NAPP.E</i> Request: <i>OFS</i>	Antibiotic therapy Doctor's signature Date: <i>P.P. Dr Dayell</i>

REPORT

Q

NO STAINING OF DISC
 NO SPECIFIC PATHOGENS IN 48 HOURS

WMA 312

053-028-122

Nature of specimen

VINYL

Antibiotic therapy

Ward

Clinic

Consultant

Clinical diagnosis & reason for request

Age

CHILDREN'S HOSPITAL

Surname

Forename ADAM

Age/DOB 42W 04/08/91 Sex M

Hosp. No. 364377

Specimen URINE (Bag spec.)

FALLS ROAD
BELFAST

(1719)

URINE CULTURE..... NO SIGNIFICANT GROWTH

< 10,000 orgs/ml

Age 1/61

BAACTERIOLOGY

053-028-123

AS - ROYAL

Clinical diagnosis

Nature of specimen

BAG

Antibiotic therapy

Request:

095

Doctor's signature

Date:

P.P. De Dazul

REPORT

<10⁴ CFU/CM² STAL

(PROBABLY ONLY CONTAMINATION)

WMA 312

053-028-124

AS - ROYAL

Request:

Nature of specimen

342

Supplied by

Analysed

FALLS ROAD
BELFAST

Specimen URINE (Direct)

(3396)

URINE MICROSCOPY.....

Neutrophils	per ul.	420
Erythrocytes	per ul.	
Epithelial cells	per ul.	
Casts	per ul.	
Crystals.....		
Organisms.....		

Page 1 of 12

BACTERIOLOGY

053-028-125

CHILDREN'S
Musgrave Ward
DR M SAVAGE (MS)
FALLS ROAD
BELFAST

(3396)

SPECIMEN URINE (Direct)

URINE MICROSCOPY.....

Neutrophils per 01 90

Eosinophiles per 01 00

Epithelial cells per 01 00

Crystals.....

Organisms.....

* FOR FURTHER INFORMATION, IF REQUIRED, Phone 4150 Page 1 of 1
Acco. No. BU17894
Date: 22/05/92 Specimen Date: 22/05/92 R. V. H. BACTERIOLOGY

053-028-126

Musgrave Ward

FALLS ROAD
BELFAST

(3396)

Age/DOB 41W 08/08/91 Sex M
Hosp. No. 364379
Specimen URINE (Direct)

URINE MICROSCOPY.....

Neutrophils

per ul

50

Erythrocytes

per ul

Leucocytes

per ul

Present (few)

Crystals

per ul

Organisms

* FOR FURTHER INFORMATION, IF REQUIRED... Phone 4150

Accn No. BU17897

Date: 22/05/92

Specimen Date: 21/05/91

Page 1 of 1

R. V. H. BACTERIOLOGY

053-028-127

Musgrave Ward
DR M SAVAGE (MS)
FALLS ROAD
BELFAST

Age/DOB 41W 04/08/91 Sex M
Hosp. No. 364377
Specimen URINE (M. S. S. U.)

(1719)

Pseudomonas sp. ISOLATED

INFORMATION 16 FEB 1997

Page 1 of 1

Specimen Date: 22/02/97

BACTERIOLOGY

053-028-128

AS - ROYAL

D.O.B.

affixed to back of sheet)

ACTIV 3478527

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN
WARD MUSGRAVE WARD
CONSULT UNKNOWN

SURNAME STRAIN
FORENAME ADAM
Age/D.O.B. 04/08/1991 Sex M
HOSP.NO. 364377

BLOOD CULTURE

TEST
MICROSCOPY
CULTURE

RESULT
NOT TESTED
NO PATHOGENIC FUNGI ISOLATED

053-028-129

AS - ROYAL

NO LYMPHOGENIC

WBC

BEAT

7

SP100-001-045

CHILDRENS HOSPITAL
WARD MUSGRAVE WARD
DR M SAVAGE

SURNAME STRAIN
FORENAME ADAM
Age/D.O.B. 04/08/1991
HOSPNO 364377

TEST NAME	RESULT	UNITS
HAEMOGLOBIN	10.3	g/dl
PCV	29.5	
WBC	09.7	Thous/ul
PLATELETS	0505	Thous/ul
RED CELL COUNT	3.46	millions/ul
RDW	18.5	%
RDW-CV	13.5	%

Date of Specimen 21/05/1992

AB NUMBER 022005

Date of Report 21/05/1992

RBHSC HAEMATOLOGY LAB

NO

053-028-130

CHILDRENS HOSPITAL
WARD MUSGRAVE WARD
OF M SAVAGE

SURNAME STRAIN
FORENAME ADAM
Age/D.O.B. 04/08/1991
HOSPNO 366377

TEST NAME	RESULT	UNITS
HAEMOGLOBIN	08.8	g/dl
PCV	25.8	
WBC	10.5	Thous/ul
PLATELETS	0408	Thous/ul
RED CELL COUNT	2.97	millions/ul
MCV	087.2	fl
MCHC	30.0	g/dl
MCH	27.7	pg

LABNO 13/05/1992

SP450 HAEMATOL OGVS 14

053-028-131

AS - ROYAL

CHILDRENS HOSPITAL
WARD MUSGRAVE WARD
DR M SAVAGE

SURNAME STRAIN
FORENAME ADAM
Age/D.O.B. 04/08/1991
HOSPNO 364377

Sex M

TEST NAME	RESULT	UNITS
Hb	09.5	g/dl
PCV	25.8	%

Date of Specimen 12/05/1992
AB NUMBER 012039

DEPT HAEMATOL DEPT LAB

053-028-132

AS - ROYAL

ROYAL BELFAST
MUSGRAVE WARD
CONS. DR S

NAME STRAIN
HOSP. NO 00364377
AGE/DOB 04.08.91

ADAM

SEX M

TEST
FULL BLOOD COUNT

RESULT
INSUFFICIENT BLOOD FOR FBP

REF. RANGE

LAB. ACC. NO. 001113
DATE OF SPECIMEN 30.04.92
DATE OF REPORT 01.05.92

DEPT OF HAEMATOLOGY
ROYAL VICTORIA HOSPITAL

053-028-133

AS - ROYAL

WARD NOSE
DR M SAVAGE

SURNAME STRAIN
FORENAME ADAM
Age/D.O.B. 04/08/1991
HOSPNO 364377

Sex M

TEST NAME	RESULT	UNITS
HAEMOGLOBIN	08.5	g/dl
PCV	26.7	
WBC	12.5	Thous/ul
PLATELETS	0465	Thous/ul
RED CELL COUNT	2.87	millions/ul

Date of Specimen 29/04/1992

LAB.NUMBER 029051

Date of Report 05/04/1992

DRUGS HAEMATOLOGY LAB

053-028-134

CHILDRENS HOSPITAL
WARD MUSGRAVE WARD
DR M SAVAGE

EDRENAME ADAM
Age/D.O.B. 04/08/1991
HOSFNO 364377

Sex M

TEST NAME	RESULT	UNITS
HAEMOGLOBIN	↓ 07,5	g/dl
PCV	24,5	
WBC	12,2	Thous/ui
PLATELETS	0401	Thous/ui
RED CELL COUNT	2,71	millions/ui
MCV	090	fl
RDW	58,8	%

EL

Date of Specimen 27/04/1992
LAB NUMBER 027055
Date of Report 27/04/1992

RECEIVED HAEMATOLOGY LAB

186

053-028-135

2

DATE OF SPECIMEN 24/04/1972
LAB NUMBER 024040

COLLECTOR NAME MATHIEU LAD

AS - ROYAL

053-028-136

HOSP. NO. 00364377

AGE/DOB 04.08.91

SEX M

TEST	RESULT	UNITS	REF. RANGE
HAEMOGLOBIN	8.1	G/DL	12-18
ERYTHROCYTES	2.97	MILLIONS/UL	4.0 - 6.5
P.C.V.	.251		0.36-0.54
M.C.V.	84.6	FL	80-99
M.C.H.C.	32.2	G/DL	30-38
M.C.H	27.3	PG	27-33
LEUCOCYTES	11.1	THOUSANDS/UL	4-11
PLATELETS	315	THOUS./UL	150-500

LAB. ACC. NO. 018408
DATE OF SPECIMEN 20.04.92
DATE OF REPORT 21.04.92

DEPT OF HAEMATOLOGY
ROYAL VICTORIA HOSPITAL

AS - ROYAL

053-028-137

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

100-443887-100

[illegible]

YCE 1003 02:00001 2EX-N

PCV	26.7	g/dl
WBC	13.7	Thous/ul
PLATELETS	0431	Thous/ul
RED CELL COUNT	2.89	millions/ul
MCV	092	fl
MCHC	28.4	g/dl
MCH	26.2	pg

72

053-028-138

AS - ROYAL

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN
MUSGRAVE WARD
CONS.

NAME STRAIN
HOSP. NO 00364377
AGE/DOB 04.08.91

ADAM
SEX M

TEST	RESULT	UNITS	REF. RANGE
HAEMOGLOBIN	8.3	G/DL	12-18
ERYTHROCYTES	3.17	MILLIONS/UL	4.0 - 6.5
P.C.V.	.263		0.36-0.54
M.C.V.	83.0	FL	80-99
M.C.H.C.	31.5	G/DL	30-38
M.C.H	26.2	PG	27-33
LEUCOCYTES	8.7	THOUSANDS/UL	4-11
PLATELETS	458	THOUS./UL	150-500

LAB. ACC. NO. 007184
DATE OF SPECIMEN 06.04.92
DATE OF REPORT 07.04.92

DEPT OF HAEMATOLOGY
ROYAL VICTORIA HOSPITAL

053-028-139

+

D.O.B.

(Consent forms to be affixed to back of sheet)

AFFIX PATIENT'S IDENTIFIER

CHILDREN'S HOSPITAL
Musgrave Ward
DR M SAVAGE (MS)
FALLS ROAD
BELFAST

Surname STRAIN
Forename ADAM
Age/DOB 40W 04/08/91 Sex M
Hosp.No. 3643777
Specimen VIROLOGY

(1778)

FAECES.....
TOXIN DETECTION..... NEGATIVE

2

Date of Specimen 15/05/92

Page 1 of 1

AS - ROYAL

053-028-140