REPORT MOUNT SHEET

SURNAM

NAME

HOSPITAL No.

D.O.B.

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

(1719)

Surname STRAIN
Forename ADAM
Age/DOB 02 04/08/91 Sex M
Host No. 364377
Specimen URINE (Bag spec.)

URINE CULTURE..... NO SIGNIFICANT GROWTH

< 10,000 orgs/ml

* FOR FURTHER INFORMATION, IF REQUIRED...Phone 4150 Page 1 of 1

AS - ROYAL

056-039-111

URINE MICROSCOPY

Neutrophils	per ul.
Erythrocytes	per ul.
Epithelial cells	per ul.
Casts	per ul.
Crystals	.
Organisms	.
Amorphous deposits.....	Present(+/-)

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

[redacted]

Direct Microscopy..... Polymorphs (few)
. No organisms seen
.
CULTURE..... NO GROWTH IN 48 HOURS

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

AS - ROYAL

056-039-113

CELL COUNTS.....

Erythrocytes	(cells/ul)...	31
Leucocytes	(cells/ul)...	201
Cytology.....		95% Polymorph's
		5% Lymphocyte's

* FOR FURTHER INFORMATION, IF REQUIRED...Phone 4150 Page 1 of 1

[redacted]

AS - ROYAL

056-039-114

URINE CULTURE..... DOUBTFUL SIGNIFICANCE

MIXED GROWTH 10,000 orgs/ml..	PLEASE SEND A REPEAT SPECIMEN.
Coliform sp.....	
Staphylococcus (coag.NEGATIVE)	

* FOR FURTHER INFORMATION, IF REQUIRED...Phone 4150 Page 1 of 1

[redacted]

AS - ROYAL

056-039-115

(3396)

URINE MICROSCOPY		
Neutrophils	per ul.	Present(occasional)
Erythrocytes	per ul.	
Epithelial cells	per ul.	Present(occasional)
Casts	per ul.	
Crystals		
Organisms		

* FOR FURTHER INFORMATION, IF REQUIRED...Phone 4150 Page 1 of 1

[redacted]

AS - ROYAL

056-039-116

[redacted]

CELL COUNTS.....

Erythrocytes	(cells/ul)...	
Leucocytes	(cells/ul)...	3300
Cytology.....		95% Polymorph's
		5% Lymphocyte's

* FOR FURTHER INFORMATION, IF REQUIRED...Phone 4150 Page 1 of 1

[redacted]

AS - ROYAL

056-039-117

CHILDREN'S [redacted]
Musgrave Ward

DR M SAVAGE (MS)
FALLS ROAD
BELFAST

Age/DOB 02 04/08/91 Sex M
Hosp.No. 364375
Specimen FLUID

(4828) P D

Direct Microscopy.....	No organisms seen
CULTURE.....	NO GROWTH IN 48 HOURS

WCC 3300

17

* FOR FURTHER INFORMATION IF REQUIRED Phone 4150 Page 1 of 1

[redacted]

AS - ROYAL

056-039-118

Lab No. N94/5060

Hospital No. 364377 M/F M

Name Adam Strain DOB

Address

Ward M.W. Clinic Consultant Dr Savage

Clinical diagnosis & reason for request

Infected site

Nature of specimen

Swab of gastro. site

Request

C & S

Antibiotic therapy

Keflex at night

Doctor's Signature P P Dr. Rollins

Date: 9-4-94

REPORT

YEASTS ++ ISOLATED.

WMA 3129/OS 10892

AS - ROYAL

056-039-119

Lab No. 94-00807
94-00855

Hospital No. 364377 M/F M

Name Adam Strain DOB 6/8/91

Clinical diagnosis & reason for request

Renal patient

Address .....

.....

Ward MW Clinic ..... Consultant Dr. Savage

Nature of specimen

BSV

Request: direct
+ Gram.

Antibiotic therapy

Keflex nocte

Doctor's Signature PP. Dr Savage

Date: 10-2-94

REPORT

DIRECT :- 150 Pus CELLS

No growth.

WMA 3129/OS 10892

WMZ 564

JB—C9150

AS - ROYAL

056-039-120

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
DR M SAVAGE (MS)
FALLS ROAD
BELFAST

(1719)

Surname STRAIN
Forename ADAM
Age/DOB Sex M
Hosp.No. 364377
Specimen URINE(M.S.S.U.)

?Antibiotics detected in urine : please send a repeat sample.

URINE CULTURE..... DOUBTFUL SIGNIFICANCE

MIXED GROWTH 10,000 orgs/ml.. PLEASE SEND A REPEAT SPECIMEN.

[redacted]

* FOR FURTHER INFORMATION, IF REQUIRED...Phone 4150 Page 1 of 1

[redacted]

AS - ROYAL

056-039-121

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

(3396)

Age/DOB
Sex M
Hosp.No. 364377
Specimen URINE (Direct)

Casts	per ul.	Present(few)
Crystals	per ul.	
Organisms		

FOR FURTHER INFORMATION, IF REQUIRED...Phone 4150

AS - ROYAL

056-039-122

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

(4827)

Surname STRAIN
Forename ADAM
Age/DOB 02 04/08/91 Sex M
Hosp.No. 364377
Specimen BLOOD

Diptheroid bacilli	ISOLATED
PENICILLIN G	RESISTANT
FUCIDIC ACID	RESISTANT
ERYTHROMYCIN	SENSITIVE
CLINDAMYCIN	SENSITIVE
[redacted]	[redacted]
RIFAMPICIN	SENSITIVE
NETILMICIN	SENSITIVE
CHLORAMPHENICOL	SENSITIVE
TETRACYCLINE	SENSITIVE

A.2

* FOR FURTHER INFORMATION, IF REQUIRED ... Phone 4150 Page 1 of 1

[redacted]

AS - ROYAL

056-039-123

Lab No. 94- 3213

Clinical diagnosis & reason for request 94-3213

Hospital No. H 364377 K

MSTR ADAM STRAIN [redacted] DOS 04/08/91

Ward [redacted] Clinic OP/UP CONSULTANT Consultant Dr Savage

Nature of specimen Urine

Antibiotic therapy Keflor

Request Direct & DIS plate

Doctor's Signature PP Dr Rollins

Date: 2/6/94

Pseudo op Res -

>10⁵ ORGANISMS/ML Sens - CIP CAZ CN NET AMIK AZL.

WMA 3129/OS 10892

AS - ROYAL

056-039-124

DOB

MSHQ ..... Clinic ..... Consultant .....

Doctor's signature

Date:

CULTURE..... NO GROWTH IN 48 HOURS

(482B)

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* FOR FURTHER INFORMATION, IF REQUIRED... Phone 4150 Page 1 of 1

AS - ROYAL

056-039-125

DR.
FALLS ROAD
BELFAST

CELL COUNTS.....		
Erythrocytes	per ul.	7
Leucocytes	(cells/ul)...	70
Cytology.....		Mostly Polymorphs

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

AS - ROYAL

056-039-126

[redacted]

CELL COUNTS.....

Erythrocytes	(cells/ul)...	330
Leucocytes	(cells/ul)...	188
Cytology.....		25% Lymphocyte's
		75% Polymorph's

* FOR FURTHER INFORMATION, IF REQUIRED...Phone 4150 Page 1 of 1

[redacted]

AS - ROYAL

056-039-127

[redacted]

DOB [redacted]

Clinical diagnosis & reason for request

Inflammation
Exit Site.

Address [redacted]

Musgrave

Ward ..... Clinic M.W Consultant Dr Savage

Nature of specimen Exit site
PD Cath

Request Culture & Sensitivity

Antibiotic therapy Flucloxacillin

Doctor's Signature P.P. Dr Savage

Date: 22/4/94

REPORT

E. Coli → Res Cxm Amp
Sens Cn Net Ap Ctx
COLIFORMS

WMA 3129/OS 10892

[redacted]

AS - ROYAL

056-039-128

REPORT

Request: Culture & Sensitivity

Nature of specimen: PD cath Exit site

Date:

Doctor's Signature:

Antibiotic therapy: Flucloxacillin

Ward — Clinic — Consultant

[redacted]

FALLS ROAD
BELFAST

Specimen EFFUSION

(4828) CA P D

CULTURE......................... NO GROWTH IN 48 HOURS

OR FURTHER INFORMATION, IF REQUIRED...Phone 4150 Page 1 of 1

[redacted]

AS - ROYAL

056-039-129

Clinical diagnosis & reason for request

CAP

[redacted] S DOB S 04/08/91

Jms CH Mod FK 14/4/94

BT18 9QL

Ward .... Clinic HD/OP CONSULTANT

Nature of specimen

Urine

Antibiotic therapy

Request:

C+S Please

Doctor's Signature

Date: 14/4/94

REPORT

DIRECT :- NO PUS CELLS SEEN

PSEUDOMONAS SPP. < R: —— / S: CN. NET. CAZ. AZL. AK. PRL.

>10⁵ ORGANISMS/ML (INFECTION)

WMA 3129/OS 10892

[redacted]

AS - ROYAL 056-039-130

Mastrom Ltd - Tel No: 028 3 0.