

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

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

CHILDREN'S HOSPITAL
Allen Ward
FALLS ROAD
BELFAST
(3396)

URINE MICROSCOPY

Neutrophils per ul. Present (++)
Erythrocytes per ul. Present (+/-)
Epithelial cells per ul. Nil
Crystals per ul. Nil

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

*Due to contrast of the reports. Some (most) reports have had to be copied twice.
* first set Showing report details/ findings - 226-329
x Ser "A" - show date of report on previous page. B.W.*

* FOR FURTHER INFORMATION, IF REQUIRED, Phone 4150

057-105-226

CHILDREN'S HOSPITAL
Allen Ward

ALLS ROAD
LILFEST

Surname STRAIN
Forename ADAM
Age/D08
Hosp.No. 364377
Specimen URINE (M.S.S.U.)

Sex M

(1719)

Pseudomonas sp. ISOLATED

CIPROFLOXACIN	SENSITIVE
CEFTAZIDIME	SENSITIVE
GENTAMICIN	RESISTANT
NETILMICIN	RESISTANT
AMIKACIN	SENSITIVE
AZLOXILLIN	SENSITIVE

TEST DATE SPECIMEN TAKEN
17/1/95

FOR FURTHER INFORMATION, IF REQUIRED, phone 4150 Page 1 of 1

UK PATENT APPLICATION No 9108216

FOR FURTHER

057-105-227

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1. The first step in the process of creating a new product is to identify a market need. This involves conducting market research to understand what consumers want and what problems they are facing.

1

057-105-230

CHILLOREN'S HOSPITAL
MUSGRAVE WARD

FALLS ROAD
BELFAST

1719

SURNAME STRAIN
FORENAME ADAM
AGE/DOB 03 04/08/91 SEX M
HOSP. NO. 354377
SPECIMEN URINE (M.S.S.U.)

Staphylococci (COES. NEGATIVE) ISOLATED
TRIMETHOPRIM RESISTANT
AMPICILLIN SENSITIVE
CEPHADROSE SENSITIVE
NITROFURANTOIN SENSITIVE
CEFURAXIME SENSITIVE
CIPROFLOXACIN SENSITIVE
CEFTAZIDIME SENSITIVE
CEFTOXIME SENSITIVE
GENTAMICIN SENSITIVE
CEPHALEXIN SENSITIVE
Yeasts ISOLATED (few) *Of*

Staphylococci (COES. NEGATIVE) ISOLATED
CONTINUED

* FOR FURTHER INFORMATION IF REQUIRED PHONE 4150

CHILLOREN'S HOSPITAL

MUSGRAVE WARD

FALLS ROAD
BELFAST

1719

SURNAME STRAIN

FORENAME ADAM

AGE/DOB 03 04/08/91 SEX M

HOSP. NO. 354377

SPECIMEN URINE (M.S.S.U.)

Staphylococci (COES. NEGATIVE) ISOLATED

TRIMETHOPRIM RESISTANT
AMPICILLIN SENSITIVE
CEPHADROSE SENSITIVE
NITROFURANTOIN SENSITIVE
CEFURAXIME SENSITIVE
CIPROFLOXACIN SENSITIVE
CEFTAZIDIME SENSITIVE
CEFTOXIME SENSITIVE
GENTAMICIN SENSITIVE
CEPHALEXIN SENSITIVE
Yeasts ISOLATED (few) *Of*

Staphylococci (COES. NEGATIVE) ISOLATED
CONTINUED

* FOR FURTHER INFORMATION IF REQUIRED PHONE 4150

CHILDPEN'S HOSPITAL
MUSGRAVE WARD

04/08/91
04/08/91

11719

SURNAME STRAIN
FORNAME ADAM
AGE/DOB 03 04/08/91 SEX M
HOSP. NO. 354377
SPECIMEN URINE (M.S.S.U.)

TRIVETHOPRIM..... RESISTANT
AMPCILLIN..... SENSITIVE
CEPHADINE..... SENSITIVE
NITROFURANTOIN..... SENSITIVE
CEFUROXIME..... SENSITIVE
CIPROFLOXACIN..... RESISTANT
CEFTAZIDIME..... SENSITIVE
CEFTAXIME..... SENSITIVE
GENTAMICIN..... RESISTANT
CERHALEXIN..... SENSITIVE

cf

FOR FURTHER INFORMATION, IS REQUIRED. PHONE 4150. DATA 2 OF 2

057-105-232

CHILDPEN'S HOSPITAL
MUSGRAVE WARD

FALLS ROAD
PELFAST

(1719)

TRIVETHOPRIM..... RESISTANT
AMPCILLIN..... SENSITIVE
CEPHADINE..... SENSITIVE
NITROFURANTOIN..... SENSITIVE
CEFUROXIME..... SENSITIVE
CIPROFLOXACIN..... RESISTANT
CEFTAZIDIME..... SENSITIVE
CEFTAXIME..... SENSITIVE
GENTAMICIN..... RESISTANT
CERHALEXIN..... SENSITIVE

cf

FOR FURTHER INFORMATION, IS REQUIRED. PHONE 4150. DATA 2 OF 2

057-105-232

CELLULOSE DIACETATE

WATER WASH

NO. 10000

NO. 10000

NO. 10000

NO. 10000

NO. 10000

NO. 10000

NO. 10000

NO. 10000

GASTROSTOMY SITE

NO GROWTH IN 48 HOURS

(4828)

GASTROSTOMY SITE

NO GROWTH IN 48 HOURS

CULTURE

65

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1865355
4605 57703
15K/ 350003 X 30
3036 0000503 X
1011566 5163501140

1500

1604H1

DATE RECEIVED _____ NO. _____

8.04398 513914
 5000398 9104
 930/005
 4051.15. 3509377
 8.04398 5040

1500

1604H1

DATE RECEIVED _____ NO. _____

* EGG EXTRACT INVESTIGATION, IF REQUIRED, \$4000 plus
\$19.
Specimen Date: 05/07/95 R.V.H. POLYMER INC.
COUNTRY OF ORIGIN: CANADA R.V.H. POLYMER INC.
SPECIMEN # = 126795 R.V.H. POLYMER INC.

—
Semi-processed

176-6-3 619 86647 0331636 11 1011684 2011 312 605

SEMI-CONDUCTORS

Specimen Date: 05/07/95 R.V.H. PAPER 5

100

THE UNIVERSITY OF CHICAGO

[illegible]

1

[illegible]

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[illegible]

UK PATENT APPLICATION No. 9106216. JONES & BROOKS LTD

CHILDREN'S HOSPITAL
CHILDREN'S HOSPITAL

CELLS 0790
SELF 061

(1764)

CELL COUNTS

Erythrocytes (cells/ul) 2
Leucocytes (cells/ul) 2
Cytology

514289 STRAIN
5000000 0000
03/000 03 04/09/91 SEX M
4352 No. 354377
Specimen FLUID

is from

Specimen Date 10/07/95

Specimen Date 10/07/95

Specimen Date 10/07/95

Specimen Date 10/07/95

* FOR FURTHER INFORMATION, IF REQUIRED, Phone 4150

Page 1 of 1

057-105-235

10

21-22-23

[illegible]

----- CULTURE ----- NO GROWTH IN 48 HOURS -----

(4828) P O FLINT

Specialties

14/07/95
Specimen date= 14/07/95
RUVH 89-TEPH

[illegible]

125

WALK PATENT APPLICATION No 9106216. JONES & BROOKS LTD.

057-105-236

CHILDREN'S HOSPITAL
X 350000 W-2
02 W 500000 (MS)
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0000000000

SIMPLE STRAIN
FORWARD 0000
03/09/91 03 04/09/91 0000
0000000000
0000000000

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NO GROWTH IN 7 DAYS

RELFAST

(4827)

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

* FOR FURTHER INFORMATION IF REQUIRED Phone 4150

Page 1 of 1

057-105-237

REPORT MOUNT SHEET

NAME
HOSPITAL No.

Lab No.

Clinical diagnosis & reason for request

CKF on Oidys
via REC X

Nature of specimen

Wine

Request

D. rec
OTS DWCC
prave

Antibiotic therapy

Doctor's Signature
Date:

REPORT

DIRECT: NL

fric

Coliforms

WMA 3129/OS 10892

REPORT MOUNT SHEET

NAME
HOSPITAL No.

Lab No.

005.00320

05.0032

Clinical diagnosis & reason for request

CKF on Oidys
via REC X

Nature of specimen

Wine

Request

D. rec
OTS DWCC
prave

Antibiotic therapy

Doctor's Signature
Date:

REPORT

DIRECT: NL

fric

>10⁶ BUT <10⁸ ORGANISMS/ML
(DO NOT REPORT IN REPEAT)

10

Lab No.

094-6435

094-6435

Clinical diagnosis & reason for request

Renal Failure.

Nature of specimen

Urine.

Request

Direct + OTS please

Hospital

364377

MSTR ADAM STRAIN

Name

04/08/91

EH65B

Ward

MEDICAL CONSULTANT

Antibiotic therapy

Amoxil.

Doctor's Signature

pp Dr Savage

Date

13-11-91

WMA 3129/OS 10892

10	Lab No.
9	Clinical diagnosis & reason for request <i>Renal Failure</i>
8	
Nature of specimen <i>Urine</i>	Antibiotic therapy <i>Amoxil</i>
Request <i>Diagnosis please</i>	Doctor's Signature <i>[Signature]</i> Date: <i>18/11/94</i>

REPORT

Diagnosis

No growth

if not

WMA 3129/OS 10892

[REDACTED]

6 CH	Clinical diagnosis & reason for request <i>CHF on O₂</i> <i>? UTI</i>	Name <i>[Signature]</i> DOB: <i>11/8/91</i>
5	Nature of specimen <i>urine</i>	Address <i>[Redacted]</i>
4	Request: <i>OTB please</i>	Ward <i>migrade</i> Clinic <i>[Redacted]</i> Consultant <i>[Redacted]</i>
3	REPORT <i>**</i>	Antibiotic therapy <i>Keftex 125mg nocks</i>
2	<i>Pseudomonas spp. Res - CN, NET. Co</i>	Doctor's signature <i>[Signature]</i> Date: <i>[Redacted]</i>
1	<i>Sus - CA2</i> <i>MODERATELY - ALL PAL AK</i> <i>SENSITIVE</i>	

WMA 312

[Redacted]

[Redacted]

10

Lab No.

Hospital No. 34377 M/F 111

Name: Alan Stiller DOB 18/11/71

Address: [Redacted]

Ward: [Redacted] Clinic: Consultant L.D. Jones/C

Clinical diagnosis & reason for request

Chronic cough

Nature of specimen

Urine

Request:

C.U.D. please

REPORT

* *

Pseudomonas spp. Res - C.V. NCT. Co. Senn - CA2. Moderately - A22 PRL AK. SENSITIVE

WMA 312

[Redacted]

Ref No: HO 165/15.

REPORT

C.D. 1010375

Request:

Urine

Nature of specimen

Urine

Clinical diagnosis & reason for request

Chronic cough

CHILDREN'S HOSPITAL

MUSGRAVE WARD

DR M SAVAGE (MS)

FALLS ROAD

BELFAST

(BT719)

URGENT

SULLIVAN

04/08/91 Sex M

364377

UNITED KINGDOM (M.S.S.U.)

Date:

Doctor's signature

[Signature]

Antibiotic therapy

Ward

Clinic

Consultant

DOB

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

Page 1 of 1

057-105-242

10
9
8

CHILDREN'S HOSPITAL
MUSGRAVE WARD
DR M SAVAGE (MS)
FALLS RUSH
RELEASE

14 28 HOURS

Page 1 of 1

Phone 4150

FOR FURTHER INFORMATION, IF REQUIRED, Phone 4150

Page 1 of 1

AS

AS

Specimen STRAIN
Specimen CODE
04/08/91 Sex M
04/08/91
04/08/91 (Direct)

Page 1 of 1

Phone 4150

Specimen STRAIN

Specimen CODE
04/08/91 Sex M
04/08/91
04/08/91 (Direct)

Page 1 of 1

Phone 4150

Hospital No. 364371 M/F 6/1	
Name Adam Stan	
Address	
Ward	Clinic Consultant
Antibiotic therapy	
Taking Augmentin + Keftin	
Doctor's Signature	
Date: 16/8/94	
Request	
OBS PACC	
REPORT	
DIRECT: No pus cells seen	
Pseudomonas Res ALL PRL CN W AUG Co	
Sem. NET AK	
No. decantely - CAZ CN	
SEMIFINE	
WMA 3129/OS 10892	

Hospital No. 364371 M/F 6/1	
Name Adam Stan	
Address	
Ward	Clinic Consultant
Antibiotic therapy	
Taking Augmentin + Keftin	
Doctor's Signature	
Date: 16/8/94	
Request	
OBS PACC	
REPORT	
DIRECT: No pus cells seen	
Pseudomonas Res ALL PRL CN W AUG Co	
Sem. NET AK	
No. decantely - CAZ CN	
SEMIFINE	
WMA 3129/OS 10892	

Lab No.

Clinical diagnosis & reason for request

Renal Patient
Repeated UTI

Hospital No. 364377

M/F

Name Adam Strain

DOB

Address

Ward MJW Clinic

Consultant Dr

Antibiotic therapy

Keftex

Doctor's Signature P.D. Collins

Date: 28/7/94

Nature of specimen

Urine
No THER
PHONE
SATURDAY

Request direct & OTS

REPORT

Direct - Nil

Reflexion / Res A. CE. N.T. CM.
Spec W. CP. CAZ. CTX CN

WM

Ref No: 14' 165/16

REF-081

Bednear 0+2

5-5-8-8-14

Date: 5-5-8-8-14

Doctor's Signature 66 Dr. G. G. G.

Reflexion

Reflexion

Repeated UTI

Ward MJW Clinic

Consultant Dr Savage

Nature of specimen

Urine
No THER
PHONE
SATURDAY

Request direct & OTS

Antibiotic therapy

Keftex

Doctor's Signature P.D. Collins

Date: 28/7/94

REPORT

Direct - Nil

210 ORGANISMS/ML
(INFECTION)

Reflexion / Res A. CE. N.T. CM.
Spec W. CP. CAZ. CTX CN

WMA 3129/OS 10892

057-105-248

Lab No.	994/01626	Hospital No.	364377	M/F	M
Clinical diagnosis & reason for request		Name	John St...	DOB	
		Address			
Nature of specimen		Ward	Mung Clinic	Consultant	Dr. Savage
		Antibiotic therapy			
Request	Pseudomonas spp	Doctor's Signature			
		Date			
REPORT					

Pseudomonas spp

2 - Ca

ALL CAZ PHL AK CN NET

WMA 3129/OS 10892

Ref No: HO 185/15.

Clinical diagnosis & reason for request	C.R.F	Name			
		DOB			
Nature of specimen		Address			
		Ward			
Request		Antibiotic therapy			
		Doctor's Signature			
Request		Date			
		26-7-94			
REPORT					

Pseudomonas spp

2 - Ca

ALL CAZ PHL AK CN NET

WMA 3129/OS 10892

057-105-251

Lab No. 20

Clinical diagnosis & reason for request

Sore throat
Renal Patient

Nature of specimen

Request

REPORT

Hospital No. 36437

M/F M

Name

Address

Ward

Clinic

Consultant

Antibiotic therapy

Doctor's Signature

Date

REPORT

Direct

Pseudomonas sp. → Res. / Sens. Ag. C. 3, CIP, AK, C. M.T

WMA 3129/OS 10892

Ref No: HO 165/15.

WMA 3129/OS 10893

2 - 1st CS 1st UK C. M.T

1 - 1st

Pseudomonas sp.

1 - 1st

Clinical diagnosis & reason for request

Sore throat
Renal Patient

Nature of specimen

Urine

Request

OTS / Direct

REPORT

Direct

Pseudomonas sp. → Res. / Sens. Ag. C. 3, CIP, AK, C. M.T

> 10⁵ ORGANISMS/ML

(INFECTION)

WMA 3129/OS 10893

057-105-252

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

REPORT MOUNT SHEET

(Consent forms to be affixed to back of sheet)

HOSPITAL No.
D.O.B.

AFFIX PATIENT'S IDENTIFICATION LABEL HERE

CHILDREN'S HOSPITAL
MISGRAVE WARD

FALLS ROAD
BELFAST

(6333)

SURNAME STRAIN
FORNBERG ADAM
AJe/003 03 04/08/91 SEX M
HOSP. No. 364377
SPECIMEN SERUM

TETCOPLANTIN ASSAY

TROUGH LEVEL (mg/l) 19.1

11

Surnames: STRAIN
 Forename: ADAM
 Age/Dob: 03 04/00
 Host No.: 354377
 Specimen: 31000

(4827)

3411.773 00073

W9 GROWTH IN 7 DAYS

THE UNIVERSITY OF CHICAGO

4 ONE LITRE TAP WATER. THE PCTH (500) (60,000 4100)

397

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U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

0-7797-7293-8

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15

●

057-105-254

3

RECEIVED INFORMATION RE COLLECTED - 44089 4150

ASST. DIR. OF INVEST. RE ROUTED
FBI 4-15-70

392

100

057-105-254

Tecoplanin Level High 2.2.95 19.1

Lab No.		Hospital No. 364377	M/F M
Clinical diagnosis & reason for request	CRF	Name Adam Savage	DOB
		Address	
		Ward M.W. Clinic	Consultant Dr. Savage
Nature of specimen	B.S.D	Antibiotic therapy	Trimethoprim stopped yesterday
Request	C+S	Doctor's Signature	Dr. McGarry
	stained	Date:	8-1-95

REPORT

Direct - N L

RES ALW A - G F NA
SENS CN - NET AK
MOD SENS CTR CXN

WMA 3129/OS 10892

Lab No.	195.00500 195.00501	Hospital No. 364377	M/F M
Clinical diagnosis & reason for request	CRF	Name Adam Savage	DOB
		Address	
		Ward M.W. Clinic	Consultant Dr. Savage
Nature of specimen	B.S.D	Antibiotic therapy	Trimethoprim stopped yesterday
Request	C+S	Doctor's Signature	Dr. McGarry
	stained	Date:	8-1-95

RES - ALW A - G F NA
SENS - CN - NET AK
MOD SENS CTR CXN

WMA 3129/OS 10892

ideal. trough 10-25
Peak 35-40

trough.

FOR FURTHER INFORMATION IF REQUIRED. PHOTO 4150. PAGE 1 OF 1

392

10-25

35-40

057-105-257

REPORT

Receptor 042

Picture of specimen

CKE

Chemical diagnosis & research for technical

8

CHILDREN'S

M. S. GRAVE

DR. M. SAVAGE

FALLS ROAD

SEAFORD

1993

Peak 35-40

FOR FURTHER INFORMATION IF REQUIRED. PHOTO 4150. PAGE 1 OF 1

Mastrom Ltd - Tel No: 0283 790030.

WMZ 5649

5

00-17892

057-105-258

Lab No.	
Clinical diagnosis & reason for request	Dr Savage MUSG
Nature of specimen	blood
Request	swab central line exit site
Antibiotic therapy	
Doctor's Signature Date: 30/1/95	J.M. Croft

REPORT

YEASTS + ISOLATED

WMA 3129/OS 10892

[REDACTED]

WMZ 5649

Lab No.	364377 M
Clinical diagnosis & reason for request	Dr Savage MUSG
Nature of specimen	blood
Request	swab central line exit site
Antibiotic therapy	
Doctor's Signature Date: 30/1/95	J.M. Croft

REPORT

YEASTS + ISOLATED

WMA 3129/OS 10892

[REDACTED]

057-105-259

AD-13321 + 272ADP

REPORT

Reagent: *Hand*
Name of specimen: *Hand*

Dissemination: *2P408*
Dissemination: *Hand*

Antibiotic therapy

Medication: *(bottle)*

Quantity

PENICILLIN G..... RESISTANT
FUCIDIC ACID..... RESISTANT
ERYTHROMYCIN..... SENSITIVE
CLINDAMYCIN..... SENSITIVE
FLUCLOXACILLIN..... NOT TESTED
GENTAMICIN..... SENSITIVE
AMIKACIN..... SENSITIVE
VANCOMYCIN..... SENSITIVE
RIFAMPICIN..... SENSITIVE
NETILMICIN..... MODERATELY SENSITIVE
CHLORAMPHENICOL..... MODERATELY SENSITIVE
TETRACYCLINE..... SENSITIVE

assault report
assault
EMSE

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TSOI, ATEO

PENICILLIN G	RESISTANT
FUCIDIC ACID	RESISTANT
ERYTHROMYCIN	RESISTANT
CLINDAMYCIN	RESISTANT
GENTAMICIN	SENSITIVE
AMIKACIN	SENSITIVE
VANCOMYCIN	SENSITIVE
RIFAMPICIN	SENSITIVE
NETILMICIN	SENSITIVE
CHLORAMPHENICOL	RESISTANT
TETRACYCLINE	SENSITIVE

[illegible]

陳子昂集卷之六

Lab No. 5100	Hospital No. 364377	Name ADAM STANLEY	M/F M	DOB 04/01/91
Clinical diagnosis & reason for request pyrexia, peritoneal rigors		Address [REDACTED]		
Nature of specimen peritoneal fluid		Ward [REDACTED] Clinic MW Consultant		
Request direct + OTS		Antibiotic therapy		
REPORT LEUCOCYTES 13/mc ERYTHROCYTES 21/mc		Doctor's Signature J. M. C. J. Date: 18.1.95		
		DIRECT: NO ORGANISMS SEEN EMC		

WMZ 5649

WMA 3129/OS 10892

pyrexia, peritoneal
rigors

Lab No. 5100	Hospital No. 364377	Name ADAM STANLEY	M/F M	DOB 04/01/91
Clinical diagnosis & reason for request pyrexia, peritoneal rigors		Address [REDACTED]		
Nature of specimen peritoneal fluid		Ward [REDACTED] Clinic MW Consultant		
Request direct + OTS		Antibiotic therapy		
REPORT LEUCOCYTES 13/mc ERYTHROCYTES 21/mc		Doctor's Signature J. M. C. J. Date: 18.1.95		
		DIRECT: NO ORGANISMS SEEN EMC		

NO GROWTH IN 48 HOURS

WMA 3129/OS 10892

057-105-264

CHILDREN'S HOSPITAL

FALLS ROAD
BELFAST

(3396)

URINE MICROSCOPY

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

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SURNAM

Surname STRAIN
Forename ADAM
Age/DOB 03 04/08/91 Sex M
Hosp. No. 364377
Specimen URINE (Direct)

CHILDREN'S HOSPITAL
MISCPHAWARD

FALLS ROAD
BELFAST

(3396)

URINE MICROSCOPY

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

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

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

CURNAME

REPORT MOUNT SHEET

NAME

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

REPORT MOUNT SHEET

NAME

SURNAME STRAIN
FORENAME ADAM
AGE/DOB 03 04/09/91 SEX M
HOSP. NO. 354377
SPECIMEN URINE (K.S.S.U.)

URINE CULTURE..... NO SIGNIFICANT GROWTH

..... < 10,000 CFU/ml

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* FOR FURTHER INFORMATION, IF REQUIRED, PHONE 4150

CS

[REDACTED]

CS

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Page 1 of 1

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Page 1 of 1

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7

[illegible]

AMPICILLIN	SENSITIVE
CEPHRADINE	RESISTANT
NITROFURANTOIN	SENSITIVE ~~A~~
CEFUROXIME	RESISTANT
CIPROFLOXACIN	RESISTANT
CEFTAZIOXIME	RESISTANT
~~★~~ CEFOTAXIME	RESISTANT ~~★~~
GENTAMICIN	RESISTANT
CEPHALEXIN	RESISTANT

ORIGINAL REPORT SHOWED DOUBTFUL SIGNIFICANCE, SENSITIVITIES WERE REQUESTED HOWEVER.

Surname STRAIN
Forename ADAM
Age/DOB 03/04/08/91 Sex M
Hospt.No. 354377
Strainer HRLNEM, S.S.U.

057-105-268

CHILDREN'S HOSPITAL
CHILDREN'S HOSPITAL

FALLS ROAD
BELFAST

(3396)

Forename: ANAK
Age/DOB: 03 04/08/91 Sex: M
Hosp. No.: 364377
Specimen: URINE (Direct)

URINE MICROSCOPY

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

18

HOSPITAL NO.

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CHILDREN'S HOSPITAL
MUSGRAVE WARD
DR M SAUSAGE (MS)
FALLS ROAD
BELFAST

(1764)

SURNAME STRAIN
FORENAME ADAM
AGE/DOB 03 04/08/91 SEX
HOSP NO. 364377
SPECIMEN FLUID

CELL COUNTS.....

Erythrocytes (cells/ul)....
Leucocytes (cells/ul).... 30
Cytology..... Mostly Lymphocytes

✓

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Ref No: HO 165/15.

008

* FOR FURTHER INFORMATION, IF REQUIRED... PAGE 1 OF 1

DIOR M SAVAGE (MS)
F FALLS ROAD
P. BELFAST

(4928)

P.E.G

9387008

Hosp. No. 364377
Specimen SWAR

Verets..... ISOLATED (+)

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PAGE 1 OF 1

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FOR FURTHER INFORMATION, IF REQUIRED, PAGE 4150

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Ref No: HO 165/15

TC1

MESSRS WARD
DR M SAVAGE (MS)
FALLS ROAD
BELFAST
(4828)

STRATN
FORWARD ADAM
AGE/DOB 03 04/08/91 Sex M
Hosp. No. 364377
Specimen

CULTURE..... NO GROWTH IN 48 HOURS

FOR FURTHER INFORMATION, IF REQUIRED, PAGE 4150

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1 of 1 sheet

ATTACH PATIENT'S IDENTIFICATION LABEL HERE

1. NAME (Last, First, Middle Initial)
2. DATE OF BIRTH (MM/DD/YYYY)
3. SEX (M/F)
4. ROOM NO.
5. CLINICAL HISTORY (Brief description of patient's condition and any relevant medical history)

6. PHYSICAL EXAMINATION (Vital signs, general appearance, and specific findings from physical examination)

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PAGE 1 OF 1

C FALLS ROAD
BELFAST

F (1719)

AGE/DOB 03 04/08/91 SEX M
HOSP. NO. 354377
SPECIMEN URINE (M.S.S.U.)

URINE CULTURE..... NO SIGNIFICANT GROWTH

..... < 10,000 c.f.u./ml

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PAGE 1 OF 1

057-105-273

CHILDPEN'S HOSPITAL

MUSGRAVE WARD

FALLS ROAD

BELFAST

(3396)

Supernat. Strain

Age/DOB 03 04/08/91 Sex M

Hosp. No. 364377

Specimen Urine (Direct)

Specimen Urine (Direct)

Specimen Urine (Direct)

Specimen Urine (Direct)

Specimen Urine (Direct)

CHILDPEN'S HOSPITAL

MUSGRAVE WARD

FALLS ROAD

BELFAST

(3396)

CHILDPEN'S HOSPITAL

MUSGRAVE WARD

FALLS ROAD

BELFAST

(3396)

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CHILDPEN'S HOSPITAL

MUSGRAVE WARD

FALLS ROAD

BELFAST

(3396)

Supernat. Strain

Age/DOB 03 04/08/91 Sex M

Hosp. No. 364377

Specimen Urine (Direct)

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RESERVATION
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S	A	W	HC	MI
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Figure 1 is a schematic representation of the experimental design. It shows a sequence of events: a subject is presented with a stimulus (a word), then a response is generated (a word), and finally, the response is evaluated (a word). The response is then used as the stimulus for the next trial.

[illegible]

CHILDRN'S HOSPITAL.

ਮੁਲਾਂਗੀਆਂ ਦੀਆਂ ਸ਼ਰਾਬੀਆਂ

FALLS ROAD
PELFAS

(1719)

VIRTUE CULTURE

CONFIDENTIAL

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

SUPPLIES STRAIN
 FORMER ADAM
 AGE/DOB 03 04/
 HOSP. NO. 364377
 SPECIMEN URINE(

DEPARTMENT OF BACTERIOLOGY The Royal Hospitals, Belfast									
SURNAME	STRAIN	FORENAMES	ADAM	NATURE OF SPECIMEN	MSU (bag)	LAB No.			
				REQUEST	C+S CC				
		DOB	4 18 191	CLINICAL DIAGNOSIS & REASON FOR REQUEST	UTI		ANTIBIOTIC THERAPY	N.I	
WARD/CLINIC	Ward	CONSULTANT/GP	J.M. SARGENT						
HOSPITAL No.	R.B.H.C.		364377	DOCTORS SIGNATURE	[Signature]		TIME & DATE SPECIMEN TAKEN	1 PM 21 6 19	
MICROSCOPY									

421700

Scary R

C. coli

DEPARTMENT OF BACTERIOLOGY The Royal Hospitals, Belfast									
SURNAME	STRAIN	FORENAMES	ADAM	NATURE OF SPECIMEN	MSU (bag)	LAB No.	105-404		
ADDR				REQUEST	C+S CC				
	Holewood	DOB	4 18 191	CLINICAL DIAGNOSIS & REASON FOR REQUEST	UTI		ANTIBIOTIC THERAPY	N.I	
WARD/CLINIC	Ward	CONSULTANT/GP	J.M. SARGENT						
HOSPITAL No.	R.B.H.C.		364377	DOCTORS SIGNATURE	[Signature]		TIME & DATE SPECIMEN TAKEN	1 PM 21 6 19	

<10⁴ ORGANISMS/ML
(PROBABLY ONLY CONTAMINATION)

C. coli

Lab No.

Clinical diagnosis & reason for request

Nature of specimen

Request

REPORT

Hospital No. 364271 M/F
Name Aileen Strain DOB

Address

Ward Hip Clinic Med Consultant

Antibiotic therapy

Doctor's Signature
Date

Coliforms → Res.
→ Sens - F. RL. CTR. CN. AK. NET.
MOD. SENS - CRM.

WMA 3129 OS 10892

Ref No: HO 165/15.

Lab No.

Clinical diagnosis & reason for request

Renal Patient

Coliforms

REPORT

Coliforms → Res. - W.A.C.E.
→ Sens - F. RL. CTR. CN. AK. NET.
MOD. SENS - CRM.

>10⁵ ORGANISMS/ML
(INFECTION)

WMA 3129/OS 10892

057-105-277



17

ids

(4828)

CAPO

Clostridium perfringens..... ISOLATED

BS

BS

Page 1 of 1

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DEPARTMENT of BACTERIOLOGY The Royal Hospitals, Belfast									
SURNAME		FORENAMES		NATURE OF SPECIMEN		LAB No.			
ADDRESS				REQUEST					
		DOB		CONSULTANT/GP		CLINICAL DIAGNOSIS & REASON FOR REQUEST		ANTIBIOTIC THERAPY	
WARD/CLINIC						DOCTORS SIGNATURE		TIME & DATE SPECIMEN TAKEN	
HOSPITAL No.		364377						AM/PM	
MICROSCOPY									

MIXED GROWTH

WARD/CLINIC		CONSULTANT/GP		CLINICAL DIAGNOSIS & REASON FOR REQUEST		ANTIBIOTIC THERAPY	
Mussgrave				Pavord H.		Keflex.	
HOSPITAL No.		364377		DOCTORS SIGNATURE		TIME & DATE SPECIMEN TAKEN	
364				BY Savage		AM/PM 14/2/95	
MICROSCOPY							

DIRECT - NIL

>10⁶ BUT <10⁸ ORGANISMS/ML
(DOUBTFUL, PLEASE REPEAT)

MIXED GROWTH

* FOR FURTHER INFORMATION, IF REQUIRED, PHONE 4150

057-105-281

WICHOBOCA
HOSPITAL NO. 388 38433
DOCTOR'S SIGNATURE
DATE WHEN THE
LINE & DYIE SPECIMEN

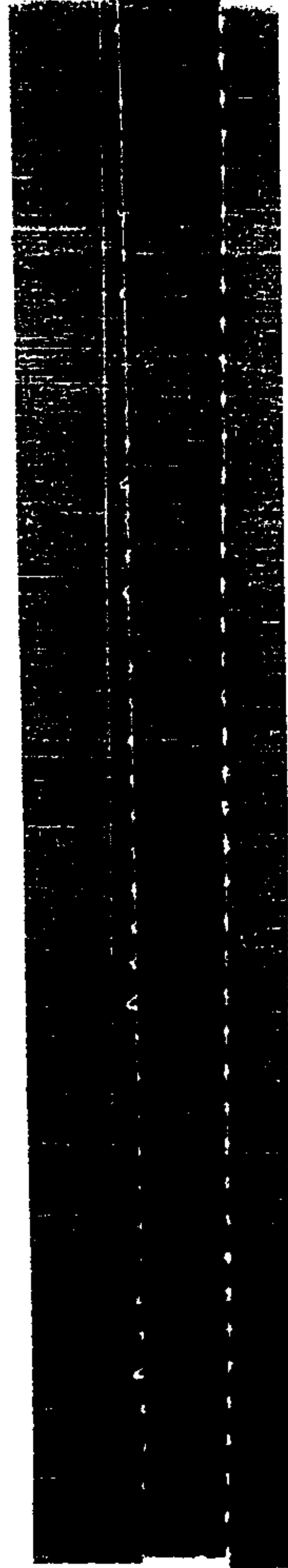
NO GROWTH IN 7 DAYS

(4827)

BLOOD CULTURE

FEELFAST
SPECIMEN FLOOD

5



AGE/DOB 08/04/08/91 SEX M
HOSP-NO. 364377
SPECIMEN TTF

FALLS ROAD
PELFEST

(4828)

LONG LINE

YEASTS..... ISOLATED (+++)

YEASTS.....

CHILDREN'S HOSPITAL
MUSEUM WARD

FALLS ROAD
RELEASE
(4828)

CUFF OF LONG LINE

ISOLATED (++)

FORECAST 03 04/08/91 SEX M
AGE/D08 03 364377
HOSP. NO. 364377
SPECIMEN SWAP

STRAIN
SPECIES
DATE/DONOR 03 04/
HOSP. NO. 864377
SPECIES SW49

Coliforms	ISOLATED
AMPICILLIN	RESISTANT
CEFTOXIME	RESISTANT
CEFUROXIME	RESISTANT
NETILMICIN	SENSITIVE
CIPROFLOXACIN	SENSITIVE
GENTAMICIN	SENSITIVE
AMIKACIN	RESISTANT
CEFTAZIDIME	SENSITIVE
PIPERACILLIN	MODERATE
CHLORAMPHENICOL	SENSITIVE
AZLOCTILIN	RESISTANT
TRIMETHOPRIM	SENSITIVE

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1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

057-105-284

CHILDRS 4092114L

W. 33-4493 W. 222

DR. W. 340495 (MS)

FALLS ROAD

55159ST

(4827)

Sex M

Specimen 21.000

Hosp. No. 36477

Age/DOB

Forename

Surname

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

FOR FURTHER INFORMATION IF REQUIRED Phone 4150

* FOR FURTHER INFORMATION IF REQUIRED Phone 4150

* FOR FURTHER INFORMATION IF REQUIRED

* FOR FURTHER INFORMATION IF REQUIRED

057-105-285

R.V.H. PACTERIOLOGY

Specimen Date: 25/06/95

R.V.H. PACTERIOLOGY

Specimen Date: 01/07/95

R.V.H. PACTERIOLOGY

Specimen Date: 01/07/95

R.V.H. PACTERIOLOGY

Specimen Date: 30/06/95

R.V.H. PACTERIOLOGY

Specimen Date: 30/06/95

[illegible][illegible]

Variable	Mean	Standard deviation	Minimum	Maximum
Age	34.5	10.2	21	55
Gender	0.5	0.5	0	1
Marital status	0.6	0.5	0	1
Education	12.5	1.5	9	16
Income	1500	500	500	3000
Health status	0.7	0.5	0	1
Employment status	0.8	0.4	0	1
Home ownership	0.9	0.3	0	1
Vehicle ownership	0.6	0.5	0	1
Life satisfaction	4.5	1.0	1	7
Subjective health	5.0	1.0	1	7
Life expectancy	75.0	5.0	60	90
Quality of life	6.0	1.0	1	7
Healthcare utilization	2.0	1.0	0	3
Health insurance	0.9	0.3	0	1
Healthcare access	0.8	0.4	0	1
Healthcare cost	1000	500	0	2000
Healthcare quality	4.0	1.0	1	7
Healthcare satisfaction	5.0	1.0	1	7
Healthcare access	0.8	0.4	0	1
Healthcare cost	1000	500	0	2000
Healthcare quality	4.0	1.0	1	7
Healthcare satisfaction	5.0	1.0	1	7
Healthcare access	0.8	0.4	0	1
Healthcare cost	1000	500	0	2000
Healthcare quality	4.0	1.0	1	7
Healthcare satisfaction	5.0	1.0	1	7
Healthcare access	0.8	0.4	0	1
Healthcare cost	1000	500	0	2000
Healthcare quality	4.0	1.0	1	7
Healthcare satisfaction	5.0	1.0	1	7
Healthcare access	0.8	0.4	0	1
Healthcare cost	1000	500	0	2000
Healthcare quality	4.0	1.0	1	7
Healthcare satisfaction	5.0	1.0	1	7
Healthcare access	0.8	0.4	0	1
Healthcare cost	1000	500	0	2000
Healthcare quality	4.0	1.0	1	7
Healthcare satisfaction	5.0	1.0	1	7
Healthcare access	0.8	0.4	0	1
Healthcare cost	1000	500	0	2000
Healthcare quality	4.0	1.0	1	7
Healthcare satisfaction	5.0	1.0	1	7
Healthcare access	0.8	0.4	0	1
Healthcare cost	1000	500	0	2000
Healthcare quality	4.0	1.0	1	7
Healthcare satisfaction	5.0	1.0	1	7
Healthcare access	0.8	0.4	0	1
Healthcare cost	1000	500	0	2000
Healthcare quality	4.0	1.0	1	7
Healthcare satisfaction	5.0	1.0	1	7
Healthcare access	0.8	0.4	0	1
Healthcare cost	1000	500	0	2000
Healthcare quality	4.0	1.0	1	7
Healthcare satisfaction	5.0	1.0	1	7
Healthcare access	0.8	0.4	0	1
Healthcare cost	1000	500	0	2000
Healthcare quality	4.0	1.0	1	7
Healthcare satisfaction	5.0	1.0	1	7
Healthcare access	0.8	0.4	0	1
Healthcare cost	1000	500	0	2000
Healthcare quality	4.0	1.0	1	7
Healthcare satisfaction	5.0	1.0	1	7
Healthcare access	0.8	0.4	0	1
Healthcare cost	1000	500	0	2000
Healthcare quality	4.0	1.0	1	7
Healthcare satisfaction	5.0	1.0	1	7
Healthcare access	0.8	0.4	0	1
Healthcare cost	1000	500	0	2000
Healthcare quality	4.0	1.0	1	7
Healthcare satisfaction	5.0	1.0	1	7
Healthcare access	0.8	0.4	0	1
Healthcare cost	1000	500	0	2000
Healthcare quality	4.0	1.0	1	7
Healthcare satisfaction	5.0	1.0	1	7
Healthcare access	0.8	0.4	0	1
Healthcare cost	1000	500	0	2000
Healthcare quality	4.0	1.0	1	7
Healthcare satisfaction	5.0	1.0	1	7
Healthcare access	0.8	0.4	0	1
Healthcare cost	1000	500	0	2000
Healthcare quality	4.0	1.0	1	7
Healthcare satisfaction	5.0	1.0		

1

5

* 679 PIERCE INCORPORATION, F 5501550, Page 1 of 1

[illegible]

CHILDREN'S HOSPITAL

MUSGRAVE WARD
DR M SAVAGE (MS)
FALLS ROAD
DELFEST

{1719}

STATION.

Forename ADAM
036/002 03 06/08/91 Sex M
Host No. 364347
Specimen UPTINE(M,S,U.)

UPLINE CULTURE.....	NO SIGNIFICANT GROWTH
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10,000 0005/41

3

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

057-105-287

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CHILDREN'S HOSPITAL
MUSGRAVE WARD

TALLS ROAD
ELFASST

(3396)

SURNAME STRAIN
Forename ADAM
Age/DOB 03 04/08/91 Sex M
Host No. 364377
Specimen URINE (Direct)

URINE MICROSCOPY

Neutrophils	per ul	Nil
Erythrocytes	per ul	Nil
Epithelial cells	per ul	Nil
Casts	per ul	Nil
Crystals	per ul	Nil
Other	per ul	Nil

FOR FURTHER INFORMATION, IF REQUIRED, PHONE 4150

[REDACTED]

FOR FURTHER INFORMATION, IF REQUIRED, PHONE 4150

[REDACTED]

FOR FURTHER INFORMATION, IF REQUIRED, PHONE 4150

[REDACTED]

FOR FURTHER INFORMATION, IF REQUIRED, PHONE 4150

[REDACTED]

[REDACTED]

057-105-288

Year	Percent
1950	7
1955	8
1960	9
1965	10
1970	10.5
1975	11
1980	11.5

FOR FURTHER INFORMATION, IF REQUIRED, PHONE 4150 PAGE 1 OF 1

FOR FURTHER INFORMATION

FOR FURTHER INFORMATION

0370795

Examination Date: 25/06/95

en Date: 01/07/95

Date: 01/07/95

Date: 30/05/95

10

100

* FOR FURTHER INFORMATION, IF REQUIRED, PHONE 415-057-105-289

CHILDERN'S HOSPITAL
NEW YORK

Source	STRAIN
Forename	ADAM
DOB/DOB	03 04/08/91 Sex M
Host No.	364377
Strain	UR15CM, S.S.U. 1

Vegetables ISOLATED (few)

2

3

[illegible][illegible]

	Per ul.	Present (occasional)
Neutrophils	Per ul.	Nil
Erythrocytes	Per ul.	Nil
Epithelial cells	Per ul.	Nil
Casts	Per ul.	Nil
Ovary cells	Per ul.	Nil

4 FOR FURTHER INFORMATION, IF REQUIRED, 11-28078 4150

FOR FURTHER INFORMATION, IF REQUIRED, PHONE 4150 Page 1 of 1

FOR FURTHER INFORMATION

NOT FOR RELEASE
UNLESS INDICATED
OTHERWISE

56/50/E6

SECRET 04070395 P-04H 11100000

0107/95

56-30429-95

Surname STAIN
 Forename ADAM
 Age/DOB 03 05/08/91 Sex M
 Hosp.No. 364347
 Specimen URINE (Direct)

FOR FURTHER INFORMATION, IF REQUIRED, PHONE 4150

057-105-290

For 5th Consent Form

For 5th Consent Form

CHILDREN'S HOSPITAL
MORGENTHAU WARD
DR M SAVAGE (MS)
FALLS ROAD
BELFAST

(3589)

SURNAME SHAIN
FORENAME ADAM
AGE/DOB 03 04/08/91 Sex M
HOSP. NO. 364377
Specimen CSF

UNSUITABLE FOR CSF ANALYSIS.
HEAVILY BLOODSTAINED AND CLOTTED.

FOR FURTHER INFORMATION IF REQUIRED

PHONE 4150

PAGE 1 OF 1

PHONE 4150

IF REQUIRED

FOR FURTHER INFORMATION IF REQUIRED

PHONE 4150

PAGE 1 OF 1

PHONE 4150

IF REQUIRED

FOR FURTHER INFORMATION IF REQUIRED

PHONE 4150

PAGE 1 OF 1

PHONE 4150

R.V.H. PATERMOUNTY

Date: 01/07/95

Specimen

01/07/95

R.V.H. PATERMOUNTY

R.V.H. PATERMOUNTY

Date: 01/07/95

Specimen

01/07/95

R.V.H. PATERMOUNTY

R.V.H. PATERMOUNTY

Date: 30/06/95

Specimen

30/06/95

R.V.H. PATERMOUNTY

CHILDREN'S HOSPITAL
WILSON WARD
DR M SAVAGE (MS)
TALLS ROAD
ELFEST

SURNAME STRAIN
FORENAME ADAM
AGE/DOB 03 04/08/91 Sex M
HOSP. NO. 364377
SPECIMEN CSF

1759)

C.S.F. CULTURE..... NO GROWTH IN 48 HOURS

FOR FURTHER INFORMATION IF REQUIRED PHONE 4150 Page 1 of 1

cm

FOR FURTHER INFORMATION IF REQUIRED PHONE 4150 Page 1 of 1

Specimen Date: 03/07/95 R.V.H. PACTERIOLOGY

Specimen Date: 26/07/95 R.V.H. PACTERIOLOGY

Specimen Date: 01/07/95 R.V.H. PACTERIOLOGY

Specimen Date: 30/06/95 R.V.H. PACTERIOLOGY

For 4th Consent Form

For 4th Consent Form

CHILDREN'S HOSPITAL
MUSGRAVE WARD
DR M SAVAGE (MS)
FALLS ROAD
BELFAST
(1723)

SURNAME STRAIN
FORENAME ADAM
AGE/DOB 03 04/08/91 SEX
HNSF.No. 364377
SPECIMEN SERUM

Brucella abortus titre
Brucella abortus (COO) titre

FOR FURTHER INFORMATION IF REQUIRED Phone 4150 Page 1 of 1

FOR FURTHER INFORMATION IF REQUIRED Phone 4150 Page 1 of 1

Specimen Date: 01/07/95 P.V.H. PACTERINOLGY
Specimen Date: 01/07/95 P.V.H. PACTERINOLGY
Specimen Date: 30/06/95 P.V.H. PACTERINOLGY

For 3rd Consent Form

LDREN'S HOSPITAL
SCRYVE Ward
Y SAUSAGE (MS)
S ROAD
AST

For 3rd

Syringe STRAIN
Forenzms ANOM
A2E/009 03 04/08/91 SEX
Host No: 364877
SPROJEST 3590M

1)

UPPER INFORMATION IF REQUIRED

Phone 4150-1150 Page 1 of 1

CHILDREN'S HOSPITAL
MUSGRAVE WARD
DR M SAVAGE (MS)
FALLS ROAD
BELFAST

SURNAME STRAIN
FORNAME ADAM
AGE/DOB 03 04/08/91 Sex M
HOSP No. 364377
SPECIMEN URINE (933 SPEC)

FOR FURTHER INFORMATION, IF REQUIRED, PHONE 4150

* FOR FURTHER INFORMATION, IF REQUIRED, PHONE 4150 Page 1 of 1

057-105-295

For 2nd Consent Form

F
at

CHILDREN'S HOSPITAL
MUSGRAVE WARD

FALLS ROAD
BENFEST

STRAIN
NAME ANAM

012/008 02 08/08/91 SEX M
HOSP. NO. 364277
STRAIN NO. 364277

* FOR FURTHER INFORMATION, IF REQUIRED, PHONE 4150 Page 1 of 1

Accn No: 81125584	Specimen Date: 03/07/95	R.V.H. PACTERIOLOGY
Date: 03/07/95		
Accn No: 811038	Specimen Date: 25/06/95	R.V.H. PACTERIOLOGY
Date: 03/07/95		
Accn No: 811038	Specimen Date: 01/07/95	R.V.H. PACTERIOLOGY
Date: 01/07/95		
Accn No: 811032	Specimen Date: 01/07/95	R.V.H. PACTERIOLOGY
Date: 01/07/95		
Accn No: 811032	Specimen Date: 30/06/95	R.V.H. PACTERIOLOGY
Date: 30/06/95		

For 1st Consent Form

For Anaesthetic and Operation Consent (available in English and Spanish)

30

Accn. No. RU25584 Specimen Date: 03/07/95 R.V.H. PACTERIOLOGY
 Date: 03/07/95
 Accn. No. R803523 Specimen Date: 25/06/95 R.V.H. PACTERIOLOGY
 Date: 03/07/95
 Accn. No. R811038 Specimen Date: 01/07/95 R.V.H. PACTERIOLOGY
 Date: 01/07/95
 Accn. No. R811032 Specimen Date: 01/07/95 R.V.H. PACTERIOLOGY
 Date: 01/07/95
 Accn. No. R811032 Specimen Date: 30/06/95 R.V.H. PACTERIOLOGY
 Date: 30/06/95

STREPTOCOCCUS

ADRENAL HOSPITAL

STRAIN

URINE MICROSCOPY

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

1. *Pharmaceuticals*
 2. *Medical Devices*
 3. *Biotechnology*
 4. *Healthcare Services*
 5. *Medical Research*
 6. *Health Insurance*
 7. *Medical Education*
 8. *Healthcare Policy*
 9. *Medical Ethics*
 10. *Healthcare Economics*
 11. *Medical Law*
 12. *Healthcare Management*
 13. *Medical History*
 14. *Healthcare Technology*
 15. *Medical Innovation*
 16. *Healthcare Regulation*
 17. *Medical Practice*
 18. *Healthcare Quality*
 19. *Medical Research Ethics*
 20. *Healthcare Access*
 21. *Medical Research Funding*
 22. *Healthcare Reform*
 23. *Medical Research Collaboration*
 24. *Healthcare Innovation*
 25. *Medical Research Impact*
 26. *Healthcare Research*
 27. *Medical Research Review*
 28. *Healthcare Research Funding*
 29. *Medical Research Funding*
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 97. *Medical Research Funding*
 98. *Healthcare Research Funding*
 99. *Medical Research Funding*
 100. *Healthcare Research Funding*

Accn. No. 9803523	Specimen Date: 25/06/95	R.V.H. PACTERIOLOGY
Date: 03/07/95		
Accn. No. 9811038	Specimen Date: 01/07/95	R.V.H. PACTERIOLOGY
Date: 01/07/95		
Accn. No. 9811032	Specimen Date: 01/07/95	R.V.H. PACTERIOLOGY
Date: 01/07/95		
Accn. No. 98206795	Specimen Date: 30/06/95	R.V.H. PACTERIOLOGY
Date: 30/06/95		

R.V.H. FACTORY

[illegible][illegible]

FALLS ROAD
PELFAS

(4827)

FLOOD CULTURE..... NO GROWTH IN 7 DAYS

4. FOR FURTHER INFORMATION IS REQUIRED [REDACTED] PAGE 1 OF 1

STOOD UNFEE..... NO GROWTH IN 48 HOURS

(4833)
E01E021
E01E2 8000

STOOD UNFEE
AGE/DOB 03 04/08/91 Sex M
Hosp.No. 364377
Specimen SWAP

CHILVER
Musgrave Ward

FALLS ROAD
PELEST

Age/DOB 03 04/08/91 Sex M
Hosp.No. 364377
Specimen SWAP

(4828) GASTROSTOMY SITE

CULTURE..... NO GROWTH IN 48 HOURS

CS

CHILDREN'S HOSPITAL
FALLS ROAD
WESGROVE WARD
03/08/91 03 04/08/91 SEX M
HOSP. NO. 364377
SPECIMEN FLUID

03/08/91 03 04/08/91 SEX M

CHILDREN'S HOSPITAL
FALLS ROAD
WESGROVE WARD
03/08/91 03 04/08/91 SEX M
HOSP. NO. 364377
SPECIMEN FLUID

Accn. No. BR11038 Specimen Date: 01/07/95 R.V.H. PACTERIOLOGY
Date: 01/07/95
Accn. No. BR11032 Specimen Date: 01/07/95 R.V.H. PACTERIOLOGY
Date: 01/07/95
Specimen Date: 30/06/95 R.V.H. PACTERIOLOGY

Specimen Date: 30/06/95 R.V.H. PACTERIOLOGY

03/08/91 03 04/08/91 SEX M

CHILDREN'S HOSPITAL
FALLS ROAD
WESGROVE WARD
03/08/91 03 04/08/91 SEX M
HOSP. NO. 364377
SPECIMEN FLUID

CHILDREN'S HOSPITAL
FALLS ROAD
WESGROVE WARD
03/08/91 03 04/08/91 SEX M
HOSP. NO. 364377
SPECIMEN FLUID

CHILDREN'S HOSPITAL
FALLS ROAD
WESGROVE WARD
03/08/91 03 04/08/91 SEX M
HOSP. NO. 364377
SPECIMEN FLUID

CHILDREN'S HOSPITAL
FALLS ROAD
WESGROVE WARD
03/08/91 03 04/08/91 SEX M
HOSP. NO. 364377
SPECIMEN FLUID

CHILDREN'S HOSPITAL
FALLS ROAD
WESGROVE WARD
03/08/91 03 04/08/91 SEX M
HOSP. NO. 364377
SPECIMEN FLUID

CULTURE..... NO GROWTH IN 48 HOURS

CS

FOR FURTHER INFORMATION IF REQUIRED Page 4150 Page 1 of 1

057-105-300

[REDACTED]

[REDACTED]

CONTINUE..... NO GROOMING IN 48 HOURS

(4558) B U FLUID

CHILDREN'S HOSPITAL
MUSGRAVE WARD
DR M SAVAGE (MS)
FALLS ROAD
BELFAST

CHILDREN'S HOSPITAL
MUSGRAVE WARD
DR M SAVAGE (MS)
FALLS ROAD
BELFAST

SURNAME ADAMS
FORNAMES SHAUN
Age/DOB 03 04/08/91 Sex M
Hist.No. 364377
Specimen FLUID

(1764)

CELL COUNTS.....

Erythrocytes (cells/ul)..... 2
Leucocytes (cells/ul)..... 9
Cytology..... Polytrophs

CS

(H 36637H Vol 4 16) 6c-2 (G)

THE UNIVERSITY OF CHICAGO

[illegible][illegible]

FLOREN'S HOSPITAL.

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For the 1990

Hjælp
Hest. No. 364377

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828) P U SITE

Coliform sp.	ISOLATED
AMPICILLIN	RESISTANT
CEFOTAXIME	MODERATELY
CEFUROXIME	RESISTANT
NETILMICIN	SENSITIVE
CIPROFLOXACIN	SENSITIVE
RENTAMICIN	SENSITIVE
AMIKACIN	SENSITIVE
CEFTAZIDIME	SENSITIVE
PIPERACILLIN	MODERATELY
CHLORAMPHENICOL	SENSITIVE
AZLOXILLIN	RESISTANT
TRIMETHOPRIM	SENSITIVE

№	Имя	Возраст	Пол	Состояние
1	Иванов Иван Иванович	45	М	Хорошо
2	Петров Петр Петрович	38	М	Удовлетворительно
3	Сидоров Сергей Сергеевич	52	М	Плохо
4	Климов Алексей Алексеевич	60	М	Очень плохо
5	Васильев Владимир Владимирович	40	М	Хорошо
6	Попов Павел Павлович	35	М	Удовлетворительно
7	Соколов Александр Александрович	55	М	Плохо
8	Лебедев Дмитрий Дмитриевич	65	М	Очень плохо
9	Зайцев Евгений Евгеньевич	42	М	Хорошо
10	Кузнецов Константин Константинович	30	М	Удовлетворительно

STUDY CONTS.

ACON.WIN.BR.10729
Date: 27/06/95
Specimen Date: 26/05/95
P.V.H. BACTERIOLOGY

FOR FURTHER INFORMATION, IF REQUIRED, PHONE (415) 838-1000
 [REDACTED] 057-105-302