REPORT MOUNT SHEET

NAME [redacted]

HOSPITAL No. [redacted]

D.O.B.

(Consent forms to be affixed to back of sheet)

AFFIX PATIENT'S IDENTIFICATION LABEL HERE

JB

OG

[redacted]

Date	Signature	RADIOLOGICAL REPORT
Date	Signature	

[redacted]

Date	Signature	RADIOLOGICAL REPORT

[redacted]

		RADIOLOGICAL REPORT
Date	Signature	RADIOLOGICAL REPORT

REPORT MOUNT SHEET

[redacted]

HOSPITAL No.

D.O.B.

(Consent forms to be affixed to back of sheet)

AFFIX PATIENT'S IDENTIFICATION LABEL HERE

RBHSC MUSGRAVE

Page: 1
Received: 7/7/95
Lab Ref.: 73127
Auth. : MW

Name : STRAIN ADAM
Sex : M
D.o.B. : 4/8/91
Hosp No : VCH364377
Hosp/Ward : RBHSC MUSGRAVE
Doctor : DR SAVAGE

SPECIMEN : Date taken 5/7/95 Nature/Site CSF Cerebrospinal flui

DIRECT EXAMINATION :- No AFB seen Cultured for T.B.

T.B. CULTURE TO FOLLOW

[redacted]

057-107-321

[redacted]

Date	Signature	RADIOLOGICAL REPORT

Date	Signature	

[redacted]

Date	Signature	RADIOLOGICAL REPORT

[redacted]

		RADIOLOGICAL REPORT

Date	Signature	RADIOLOGICAL REPORT

PATIENT A Strain
ADDRESS [redacted]
WARD MUSGRAVE
HOSPITAL CH
HOSP NO 364377

DATE OF BIRTH 4.08.91 Sex M

Royal Belfast Hospital For Sick Children
180 Falls Road
Belfast

	12.04.95	1.07.95		12.04.95	1.07.95
ADENOVIRUS		<40	MYCOPLASMA PNEUMONIAE		<40
Q FEVER		<40	INFLUENZA A VIRUS		<40
PLGV		40	INFLUENZA B VIRUS		<40

No significant antibody detected

REPORT DATE
10-Jul-1995

SPECIMEN
Serum 22637

SPECIMEN DATE 1.07.95
RECEIVED 3.07.95

[redacted]

057-107-322