

[REDACTED]

+

NAME: [REDACTED] DATE OF BIRTH: 4.06.1951 SEX: M

ADDRESS: [REDACTED]

WORK: [REDACTED]

HOME TEL: [REDACTED]

CELL: [REDACTED]

W. Savage
R.I.M.S.C.
Falls Road
Belfast

HBsAg Negative
HBeAg IgG Negative
CMV Scan IgG Negative
CMV Vidas IgG Negative
HCV Negative
HIV Negative

Results indicate NON-IMMUNITY with no prior exposure to cytomegalovirus infection.

[Handwritten Signature]

TESTED: [REDACTED]
SPECIMEN: [REDACTED]
SERUM: [REDACTED]
ISSUED: [REDACTED]

SPECIMEN DATE: 18.04.19
RECEIVED: 18.04.19

[REDACTED]

Date	Signature	RADIOLOGICAL REPORT
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[REDACTED]

[REDACTED]

[REDACTED]

Date	Signature	RADIOLOGICAL REPORT
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057-109-325

Date	Signature	RADIOLOGICAL REPORT
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