

Hosp.	Ward/Clinic	Surname	Forenames	Sex	Lab. Ref. No.																																																																																										
☐ Ards ☐ Bangor ☐ C/burn ☒ Ulster ☐ ☐ ☐ Health Centre	A/N	ROBERTS	CLAIRE.	F.	41504																																																																																										
		D.O.B.	Unit No.	Consultant/G.P.	Clinical Details/Treatment																																																																																										
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SPECIMEN TYPE: Blood Culture			TEST REQUESTED: O+S																																																																																												
REPORT SECTION FOR LABORATORY USE ONLY GRAM STAIN: ZIEHL NEELSEN: ISOLATE: No Growth 1. _____ 2. _____ 3. _____ 4. _____																																																																																															
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