ULSTER HOSPITAL LAB (PLEASE USE LABELS, IF AVAILABLE) **URINE BACTERIOLOGY**

Health Centre	Surname	Forenames	Sex	Lab. Ref. No.
	ROBERTS	CLAIRE	F	19414

Hospital	Ward/Clinic	D.O.B.	Unit No	Consultant/G.P.	Clinical Details/Treatment
☐ Ards ☐ Bangor ☐ C/burn ☑ Ulster ☐	A1N	10-1-87	UF706831	Dr Groodiew	? UTI.
		Address (if from G.P.)		G.P. Cypher No	

SPECIMEN TYPE: URINE. (CSU). TEST REQUESTED: O + S please Direct Please

REPORT SECTION FOR LABORATORY USE ONLY

MICROSCOPY			CULTURE	
PUS CELLS	—	/cmm	NO GROWTH	☑
RED CELLS	—	/cmm	NO SIGNIFICANT GROWTH	☐
BACTERIA	☐		$10^4 - 10^5$ DOUBTFUL SIGNIFICANCE	☐
EPITH. CELLS	☐		$> 10^5$	☐
MUCUS	☐			
OXALATES	☐		ISOLATE:	
URATES	☐		1.	
DEBRIS	☐		2.	
PROTEIN	☐		3.	

SENSITIVITY TO	1	2	3
AMPICILLIN			
COTRIMOXAZOLE			
CEPHRADINE			
NALIDIXIC ACID			
NITROFURANTOIN			
CINOXACIN			
AUGMENTIN			
MECILLINAM			
NETILMICIN			
GENTAMICIN			
AZLOCILLIN			
MEZLOCILLIN			
AMIKACIN			
S = SENSITIVE R = RESISTANT			

M.O.'s SIGNATURE AND DATE: PPHO 3.9.87.

LABORATORY SIGNATURE AND DATE: 4 SEP 1987

3P 3689