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

Health Centre	Surname	Forenames	Sex	Lab. Ref. No.
	ROBERTS	CLAIRE	F	48374

Hospital	Ward/Clinic	D.O.B.	Unit No	Consultant/G.P.	Clinical Details/Treatment
☐ Ards ☐ Bangor ☐ C/burn ☑ Ulster ☐	AIKEN	10-1-87	U8700831	DR. GLEADHILL	FIT. ? U-T-I.

Address (if from G.P.)

G.P. Cypher No

SPECIMEN TYPE: M. S. U.

TEST REQUESTED: O/S Plate

REPORT SECTION FOR LABORATORY USE ONLY

MICROSCOPY

PUS CELLS	~	/cmm
RED CELLS	—	/cmm
BACTERIA		
EPITH. CELLS		
MUCUS		
OXALATES		
URATES		
DEBRIS		
PROTEIN		

CULTURE

NO GROWTH	☐
NO SIGNIFICANT GROWTH	✓
10^4 - 10^5 DOUBTFUL SIGNIFICANCE	☐
$> 10^5$	☐

ISOLATE:

1.

2.

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: [illegible] 28 8 87

LABORATORY SIGNATURE AND DATE: 22 AUG 1987