

88/2103  
D. Brighton

Virology and Medical Virology  
Westmond Hospital  
Prof. E. S. Finckh A.P.P. 88-V- 120307 inder

PATIENT'S SURNAME CURRIE	First Name Andrew	Sex M	Hospital Medical Record Number 632814
PATIENT'S ADDRESS [REDACTED] WAINE St		SEX M	
Suburb/Town HAGBOURD.	Postcode	Date of Birth 9/59	REPATRIATION PATIENT REPAT. NO.
Requesting doctor's name and full return address (for report)	Dr. S. Adlam DIV. OF FORENSIC MEDICINE 42-50 PARAMOUNT RD, GLENBORO.		
PHONE NO 640-5727	Name of Medical Practitioner HOLLINGHEAD	Provider No. 243081W	Signature of Medical Practitioner [Signature]
			Date 14/12/87
Was or will the patient be, at the time of the service or when the specimen is obtained a) a private patient in a private hospital, or approved day hospital facility. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> b) a private patient in a recognised hospital. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> c) a hospital patient in a recognised hospital. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d) an outpatient of a recognised hospital. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Tests Requested (in requesting doctor's own handwriting). HB <sub>s</sub> antigen			
Nature of Specimen PT blood	Collection Date 14/12/87	Collection Time 1.00pm	

Date of despatch 16/12/87 F	<b>VIROLOGY DEPARTMENT REPORT</b> Phone Number 633 6233	Serial Number 120307
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N/C

RIA test for Hepatitis B surface antigen (HB<sub>s</sub> Ag) : NEGATIVE

HEPATITIS B ANTIGEN SCREEN

MR-59 (D) (Micro-15)

EC  
DR. TONY CUNNINGHAM  
MEDICAL VIROLOGIST