

A.I.D.S. / HEP B SCREENING

Dr. [Signature]

Name of Decease *W/K MALE E 35722 DOBROYD HEA*

Duty Pathologist *JD*

1/ Blood taken BY *JD* DATE *12/1/90* TIME *10 am*

2/ Sent to I.C.P.M.R.

3/ Verbal results rec.

4/ Written results rec.

HTLV III	<i>WH</i>	<i>12-1-90</i>	<i>3⁴⁰ p^r</i>	<i>Neg</i>
HEP B	<i>WH</i>	<i>12-1-90</i>	<i>3⁴⁰ p^r</i>	<i>Neg</i>

5. Other Specimens taken

Blood for Alcohol Blood for Analysis

Vitreous Humor Other

Description of Other

