	Hospital Ward	Consultant/G.P.	Patient's Nome	Forenames	Hospital-A	O
VIRUS Coventry Laboratories	G.P. Address if appropria	MIS .	Patient' COLTN	GRO-C	DANGER	
Date of collection	Specimen		Date of GRO-C	66 M S DR.L	EA.	ate
ivestigation requir	ed HTLV-TI	Ţ,	Clinical details	terenophil	in *	
It is important to give as much clinical information as possible Signed					GRO-C	
Report PHLS V	irus Laboratory,	London repo	rts:-			
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