

ANONYMOUS

Witness Name: **GRO-B**

Statement No.: WITN2232035

Exhibits: WITN2232036-044

Dated: 29th September 2022

INFECTED BLOOD INQUIRY

EXHIBIT WITN2232036

NAME _____

26/9/79 →

M5

THE ROYAL INFIRMARY		PATIENT'S NAME		DOCUMENT NO.		BACT 42
GRO-B				JA28793		(Block letters) not ward/
GRO-B		Ward/Dept.		Haematology		
MR GRO-B		Date of admission		If phone report required please tick ☐		
GRO-B				and give extension.		

Date of onset of illness
or duration in days
0 - 5; 6 - 10; 11 - 20; >21

Date of exposure

Previous report (tick) Date

DIAGNOSIS OR REASON FOR REQUEST (Tick)

Jaundice: ☒ → Liver function test Abnormal ☒
Normal ☐
Not done ☐

Renal Dialysis ☐Renal Transplant ☐Post-transfusion ☐

Staff screen ☐

Contact ☐

Other diagnosis or further information :-

NACMOPHILIA

Tests to be performed

Routine screen for

Hepatitis B (Australia) antigen ☒
and antibody
 Other tests are available. Please contact laboratory

URGENT SPECIMENS EXAMINED AT ANY
TIME BY ARRANGEMENT ONLY.

For Lab. use.

Radioimmunoassay for
hepatitis B surface
antigen — **NEGATIVE**

3 JUL 1981

Specimen: 5ml. of clotted blood in tightly closed container. Place in plastic bag and seal specimen and form in second bag.

Date and time taken

Date and time received

700681

GRO-B

Dr F. Toolis, MOPD, RIE.

Doctor requesting and destination for report (if not above)

Date of Birth: GRO-B 59/M

cc. Dr R.W. Tonkin

CC. DE R.W. TOLKIN
~~PHARMACODIAGNOSTIC~~ TEST FOR HEPATITIS B SURFACE ANTIGEN.....**NEGATIVE**

RADIOIMMUNOASSAY FOR ANTIBODY TO HEPATITIS B SURFACE ANTIGEN

Please do not use plastic tubes with push-on stoppers. Please use glass screw-capped vials.

GRO-C

IM
Bact 43A 26-9-79.

Signature

HAEMATOLOGY		NUMBER	
HAEMATOLOGY R.F.E. Tel No. 001 229 2477 OR LAB USE ONLY		Do Not Bend Form Date Collected <u>22/11/79</u> Time Collected <u>1145</u> h	
LAB No. <u>75c</u>		NAME (FOR LAB USE ONLY)	
TEST RESULTS		LAB No. <u>85c</u>	
PLEASE NOTE GREEN BLOCKS—Unrestricted Test WHITE BLOCKS—By arrangement with lab. only USE SEPARATE FORM FOR EACH SECTION FOR NORMAL VALUES—SEE POCKET CARD Clinical Details If Private Patient Tick ☐		TEST RESULTS	
PLEASE NOTE GREEN BLOCKS—Unrestricted Test WHITE BLOCKS—By arrangement with lab. only USE SEPARATE FORM FOR EACH SECTION FOR NORMAL VALUES—SEE POCKET CARD Clinical Details If Private Patient Tick ☐		PLEASE NOTE GREEN BLOCKS—Unrestricted Test WHITE BLOCKS—By arrangement with lab. only USE SEPARATE FORM FOR EACH SECTION FOR NORMAL VALUES—SEE POCKET CARD Clinical Details If Private Patient Tick ☐	
BONE MARROW Please enter name of Haematologist authorising test		BONE MARROW Please enter name of Haematologist authorising test	
(FOR LAB. USE ONLY)		(FOR LAB. USE ONLY)	

$FVIII C = 2.2\%$
 $FVIII R = 58\%$
 $FVIII R_{\text{eff}} = \text{to follow}$
 $FVIII R_{\text{eff}} =$

INHIBITOR PTTK.
 PATIENT — 52 seconds
 NORMAL — 33 seconds
 NORMAL + PATIENT — 33 seconds

Date 1 / 17 / 79
 Technician _____ Haematologist _____

ADDRESSOGRAPH LABEL OR
 SURNAME (BLOCK LETTERS) GRO-B DATE OF BIRTH 69
 FIRST NAMES GRO-B SEX M/F
 DOCTOR REQUESTING EXAM. REPORT TO BE RETURNED TO
GRO-C Blood
One
copy

Date 3 / 6 / 79
 Technician _____ Haematologist _____

ADDRESSOGRAPH LABEL OR
 SURNAME (BLOCK LETTERS) GRO-B DATE OF BIRTH 69
 FIRST NAMES GRO-B SEX M/F
 DOCTOR REQUESTING EXAM. REPORT TO BE RETURNED TO
GRO-C Blood
One
copy

ANONYMOUS

GRO-B		Date taken 10.6.80. Spec. No. JA 21078
GRO-B 59/M		CONSULTANT Dr Ludlam, MOPD, RIE.
cc. Dr R.W. Tonkin		Ward/Dept. Doctor requesting and destination for report (if not above)

TEST FOR HEPATITIS B SURFACE ANTIGEN.....NEGATIVE

RADIOIMMUNOASSAY FOR ANTIBODY TO HEPATITIS B SURFACE ANTIGEN.....

IM Bact. 43A 12.6.80.		Signature	GRO-C
THE ROYAL INFIRMARY OF EDINBURGH			
Specimens: Blood		Spec. No. JA 22265	
SURNAME GRO-B	First Name	CONSULTANT Dr Ludlam, MOPD, RIE.	Ward/Dept.
Date of Birth GRO-B 59/M	Doctor requesting and destination for report (if not above)		
cc. Dr R.W. Tonkin			

TEST FOR HEPATITIS B SURFACE ANTIGEN.....NEGATIVE

RADIOIMMUNOASSAY FOR ANTIBODY TO HEPATITIS B SURFACE ANTIGEN.....

IM Bact. 43A 14.8.80.		Signature	GRO-C
THE ROYAL INFIRMARY OF EDINBURGH			
Specimens: Blood		Date taken 12.8.80	
SURNAME GRO-B	First Name	CONSULTANT Dr Ludlam, MOPD, RIE.	Ward/Dept.
Date of Birth GRO-B 69 M	Doctor requesting and destination for report (if not above)		
cc. Dr Tonkin			

TEST FOR HEPATITIS B SURFACE ANTIGEN.....

RADIOIMMUNOASSAY FOR ANTIBODY TO HEPATITIS B SURFACE ANTIGEN.....WEAKLY POSITIVE

This result indicates past Hepatitis B infection, but is of no immediate clinical significance.

Bact. 43A 20.8.80 LB		Signature	GRO-C
THE ROYAL INFIRMARY OF EDINBURGH			

DATE OF BIRTH DAY MONTH YEAR		SURNAME	
GRO-B 69		GRO-B	
REPORT TO BE RETURNED TO: WARD		HOSPITAL/G.P. ADDRESS	
MOPD		TU 3214 W	
CONSULTANT/PRACTITIONER		SIGNATURE OF DOCTOR	
LUDHAM		GRO-C	
List Miscellaneous blood requests here			
Instructions. Check tests ☒ for non-urgent work, ☒ for urgent work, and ☐ for results to be phoned. The laboratory must be contacted by the doctor who wishes to initiate a request for urgent work (see Laboratory Handbook). See Handbook for details of specimens required and reference values not shown on this form.			

URE OF SPECIMEN (e.g. arterial, venous, fasting)	TIME OF COLLECTION (Use 24 hour clock)	DATE OF COLLECTION Year Month Day	NAME OF TEST VALUES AND UNITS	CHECK TESTS	FOR LAB. USE ONLY	FOR LAB. USE
UREA (2.5-6.6 mmol/l)	50	10				
SODIUM (136-149 mmol/l)						
POTASSIUM (3.8-5.2 mmol/l)						
TOTAL CO ₂ (24-30 mmol/l)						
BILIRUBIN (2-17 µmol/l)						
ALANINE AMINOTRANSFERASE (10-40 units/l)						
ALKALINE PHOSPHATASE (40-100 units/l)						
CALCIUM (2.12-2.62 mmol/l)						
PHOSPHATE (0.8-1.4 mmol/l)						
CREATININE (55-150 µmol/l)						
URATE (M 0.12-0.42 mmol/l) (F 0.12-0.36 mmol/l)						
ASPARTATE AMINOTRANS- FERASE (10-35 units/l)						
UREA STABLE LACTATE DE- HYDROGENASE (100-300 units/l)						
CHOLESTEROL (3.6-6.7 mmol/l)						
THYROXINE (75-150 nmol/l)						
IRON (M 14-32 µmol/l) (F 10-38 µmol/l)						
IRON-BINDING CAPACITY (45-72 µmol/l)						
TOTAL PROTEIN (60-80 g/l)						
ALBUMIN (36-47 g/l)						
HYDROGEN ION (36-44 nmol/l) (Arterial)						
Pco ₂ (4.4-6.1 kPa)						
PLASMA BICARBONATE (Arterial) (21-27.5 mmol/l)						
Po ₂ (12-15 kPa)						

HAEMATOLOGY R.F.E. Tel No. 031 223 2477		(FOR LAB. USE ONLY)	
Collected		NEW PATIENT REPORT	
VENOUS / CAPILLARY BLOOD		FOR NORMAL VALUES - SEE POCKET CARD	
DATE CODE	LAB. No.	Clinical Details	
0 9 0	6 1 6	IF PRIVATE PATIENT TICK ☒	
0 4 8	0 4 8	<i>Haemoglobin</i>	
0 4 8	0 4 8		
1 1 5	1 1 5		
0 5 3	0 5 3		
0 7 9	0 7 9		
2 5 8	2 5 8		
3 2 6	3 2 6		
MCV fl	MCH pg		
MCHC g/dl			
Film Report (FOR LAB. USE ONLY)			
Blast Cells %			
Promyelo %			
Myelo %		<i>Plas HAO</i>	
Metamyelo %			
Neutro %			
Lymph %			
Mono %			
Eusino %			
Baso %			
Nucleated RBC/100WBC			
Howell-Jolly Bodies			
Basophilic Stippling			
Blood Film			
Microscopic			
CAP score			
Edenophilic			
Date		31/8/80	
Haem. Report		Technician	
Haematologist		GRO-C	
GRO-B		TE OF BIRTH	
GRO-C		RETURNED TO	
		<i>Haem</i>	

HAEMATOLOGY R.F.E. Tel No. 031 223 2477		(FOR LAB. USE ONLY)	
Collected		NEW PATIENT REPORT	
VENOUS / CAPILLARY BLOOD		FOR NORMAL VALUES - SEE POCKET CARD	
DATE CODE	LAB. No.	Clinical Details	
0 9 0	57C	IF PRIVATE PATIENT TICK ☒	
0 4 8	0 4 8	<i>Haemoglobin</i>	
0 4 8	0 4 8		
1 1 5	1 1 5		
0 5 3	0 5 3		
0 7 9	0 7 9		
2 5 8	2 5 8		
3 2 6	3 2 6		
MCV fl	MCH pg		
MCHC g/dl			
Film Report (FOR LAB. USE ONLY)			
Blast Cells %			
Promyelo %			
Myelo %			
Metamyelo %			
Neutro %			
Lymph %			
Mono %			
Eusino %			
Baso %			
Nucleated RBC/100WBC			
Howell-Jolly Bodies			
Basophilic Stippling			
Blood Film			
Microscopic			
CAP score			
Edenophilic			
Date		31/8/80	
Haem. Report		Technician	
Haematologist		GRO-C	
GRO-B		TE OF BIRTH	
GRO-C		RETURNED TO	
		<i>Haem</i>	

INHIBITOR PTIK
 NORMAL. 37 SECONDS
 PATIENT: 56 SECONDS
 50/50 MIX: 38 SECONDS
 Factor VIII = 12%

Date 10/6/80		GRO-C	
Technician		Haematologist	
ADDRESSOGRAPH LABEL		OR	
SURNAME (BLOCK LETTERS)		DATE OF BIRTH	
GRO-B		GRO-B	
GRO-B		GRO-B	
GRO-B		GRO-B	
DOCTOR REQUESTING EXAM REPORT TO BE RETURNED TO			
GRO-C		GRO-C	
GRO-C		GRO-C	

ANONYMOUS

SURNAME GRO-B	Date taken 10.6.80. Spec. No. JA 21078
CONSULTANT Dr Ludlam, MOPD, RIE.	
Ward/Dept. Doctor requesting and destination for report (if not above)	
cc. Dr R.W. Tonkin	

~~HEMATOLOGY~~ TEST FOR HEPATITIS B SURFACE ANTIGEN..... **NEGATIVE**

RADIOIMMUNOASSAY FOR ANTIBODY TO HEPATITIS B SURFACE ANTIGEN.....

IM Bact. 43A 12.6.80.	Signature GRO-C
THE ROYAL INFIRMARY OF EDINBURGH	
Specimens: Blood	Spec. No. JA 22265
SURNAME GRO-B	First Name GRO-B
Date of Birth GRO-B 69/M	CONSULTANT Dr Ludlam, MOPD, RIE.
Ward/Dept. Doctor requesting and destination for report (if not above)	
cc. Dr R.W. Tonkin	

~~HEMATOLOGY~~ TEST FOR HEPATITIS B SURFACE ANTIGEN..... **NEGATIVE**

RADIOIMMUNOASSAY FOR ANTIBODY TO HEPATITIS B SURFACE ANTIGEN.....

IM Bact. 43A 14.8.80.	Signature GRO-C
THE ROYAL INFIRMARY OF EDINBURGH	
Specimens: Blood	Spec. No. JA 22265
SURNAME GRO-B	First Name GRO-B
Date of Birth GRO-B 69/M	CONSULTANT Dr Ludlam, MOPD, RIE.
Ward/Dept. Doctor requesting and destination for report (if not above)	
cc. Dr Tonkin	

HEMATOLOGY TEST FOR HEPATITIS B SURFACE ANTIGEN.....

RADIOIMMUNOASSAY FOR ANTIBODY TO HEPATITIS B SURFACE ANTIGEN..... **WEAKLY POSITIVE**

This result indicates past Hepatitis B infection, but is of no immediate clinical significance.

Bact. 43A 20.8.80 LB	Signature GRO-C
THE ROYAL INFIRMARY OF EDINBURGH	

THE ROYAL INFIRMARY OF EDINBURGH
CLINICAL CHEMISTRY

DRUG PRESCRIPTION MOUNT SHEET

HOSPITAL NO. GRO-B

NAME GRO-B

M.35

GRO-B THE ROYAL INFIRMARY OF EDINBURGH • DEPARTMENT OF CLINICAL CHEMISTRY

USE ADDRESSOGRAPH LABEL OR PRINT DETAILS CLEARLY

DATE OF BIRTH DAY MONTH YEAR	SURNAME	INITIALS	SEX
GRO-B 69	GRO-B	GRO-B	

REPORT TO BE RETURNED TO:
WARD HOSPITAL/G.P. ADDRESS

MOPD

CONSULTANT/PRACTITIONER

GRO-C

SIGNATURE OF DOCTOR

GRO-C

CLINICAL DETAILS AND RELEVANT TREATMENT

GRO-C

List Miscellaneous blood requests here TU 8182 B

Instructions. Check tests ☒ for non-urgent work, ☒ for urgent work, and ☐ for results to be phoned. The laboratory must be contacted by the doctor who wishes to initiate a request for urgent work (see Laboratory Handbook). See Handbook for details of specimens required and reference values not shown on this form.

NATURE OF SPECIMEN (e.g. arterial, venous, fasting)	TIME OF COLLECTION (Use 24 hour clock)	DATE OF COLLECTION Year Month Day	NAME OF TEST, REFERENCE VALUES AND UNITS	CHECK TESTS
		Year 89 Month 8 Day 12	UREA (2.5-6.6 mmol/l)	
			SODIUM (136-149 mmol/l)	
			POTASSIUM (3.85-5.2 mmol/l)	
			TOTAL CO ₂ (24-30 mmol/l)	
			BILIRUBIN (2-17 µmol/l)	
			ALANINE AMINOTRANSFERASE (10-40 units/l)	
			ALKALINE PHOSPHATASE (40-100 units/l)	
			CALCIUM (2.122-2.63 mmol/l)	
			PHOSPHATE (0.8-1.4 mmol/l)	
			CREATININE (55-150 µmol/l)	
			URATE (M 0.12-0.42 mmol/l) (F 0.12-0.38 mmol/l)	
			ASPARTATE AMINOTRANS- FERASE (10-35 units/l)	
			UREA STABLE LACTATE DE- HYDROGENASE (100-300 units/l)	
			CHOLESTEROL (3.6-6.7 mmol/l)	
			THYROXINE (75-150 nmol/l)	
			IRON (M 1432 µmol/l) (F 10-28 µmol/l)	
			IRON BINDING CAPACITY (4572 µmol/l)	
			TOTAL PROTEIN (60-80 g/l)	
			ALBUMIN (36-47 g/l)	
			HYDROGEN ION (7.35-7.45 nmol/l) (Arterial)	
			Pco ₂ (4.4-6.1 kPa)	
			PLASMA CARBONATE (Arterial) (21-27.5 mmol/l)	
			Po ₂ (12-15 kPa)	

FOR LAB. USE

HAEMATOLOGY R.I.E.
Tel. No. 031-229 2477
(FOR LAB USE ONLY)

Use Ball Pen Only
Tick in appropriate Block
Do Not Bend Form

Date Collected **12/8/80**
Time Collected **h**

NEW PATIENT/REPORTER
CLOTTED/ANTICOAGULATED BLOOD

LAB No. **85**

TEST RESULTS

1	PROTHROMBIN TIME RATIO	
2	THROMBIN TIME	C
3	PTTK	C
4	PTTK	C
5	F.D.P.s.	mg/l
6	E.L.T.	min
7	Clotting factor	Assay %
8	Bleeding Time (Ivy)	min
9	LE cells	
10	RBC folate	µg/l
11	Schilling without/with I.F.	%
12	BONE MARROW	

GREEN BLOCKS—
Unrestricted Test
WHITE BLOCKS—
By arrangement with lab. only

USE SEPARATE FORM FOR EACH SECTION

FOR NORMAL VALUES—SEE POCKET CARD

Clinical Details

If Private Patient Tick

Free in lab

Screen for storage

Please enter name of Haematologist authorising:

(FOR LAB. USE ONLY)

INHIBITOR PTTK:

CONTROL 37 S
PATIENT 72 S
MIXTURE 38 S

F.VIII INHIBITOR ASSAY:

ACTIVITY: < 1 INHIBITOR UNITS/ml

Date **12/8/80**
Technician
Haematologist **GRO-C**

ADDRESSOGRAPH LABEL OR

SUBNAME (BLOCK LETTERS) DATE OF BIRTH

GRO-B GRO-B **69**

GRO-B

DOC NAME REPORT TO BE RETURNED TO

GRO-C GRO-C

HAEMATOLOGY R.I.E.
Tel. No. 031-229 2477
(FOR LAB USE ONLY)

Use Ball Pen Only
Tick in appropriate Block
Do Not Bend Form

Date Collected **31/3/81**
Time Collected **h**

NEW PATIENT/REPORTER
CLOTTED/ANTICOAGULATED BLOOD

LAB No. **65C**

TEST RESULTS

1	PROTHROMBIN TIME RATIO	
2	THROMBIN TIME	C
3	PTTK	C
4	PTTK	C
5	F.D.P.s.	mg/l
6	E.L.T.	min
7	Clotting factor	Assay %
8	Bleeding Time (Ivy)	min
9	LE cells	
10	RBC folate	µg/l
11	Schilling without/with I.F.	%
12	BONE MARROW	

GREEN BLOCKS—
Unrestricted Test
WHITE BLOCKS—
By arrangement with lab. only

USE SEPARATE FORM FOR EACH SECTION

FOR NORMAL VALUES—SEE POCKET CARD

Clinical Details

If Private Patient Tick

Free in lab

Screen for storage

Please enter name of Haematologist authorising test:

(FOR LAB. USE ONLY)

Prothrombin G-factor 112%

GRO-C

Inhibitor PTTK

Norm. 35-34

Normal = 66-68

Mix = 40.37

VIII RAG = 158%

Bio/imm ratio = 0.017

Date **1/7**
Technician
Haematologist

ADDRESSOGRAPH LABEL OR

SUBNAME (BLOCK LETTERS) DATE OF BIRTH

GRO-B GRO-B

GRO-B

DOC NAME REPORT TO BE RETURNED TO

GRO-C GRO-C

DR LUDLAM HAEMATOLOGY

Specimens: Ser		Date taken 9.12.80	Spec. No. W 116
SURNAME	First Name	CONSULTANT	
GRO-B		Doctor requesting and destination for report (if not above)	
Date of Birth	GRO-B 59	M	Dr Carr, Haematology OPD, RIE.

cc **Dr Tonkin**
 HAEMAGGLUTINATION TEST FOR HEPATITIS B SURFACE ANTIGEN.....

RADIOIMMUNOASSAY FOR ANTIBODY TO HEPATITIS B SURFACE ANTIGEN..... **NEGATIVE**

Bact. 43A	24.12.80	LB	Signature	GRO-C
THE ROYAL INFIRMARY OF EDINBURGH			VIROLOGY REPORT	

Specimen:		CONSULTANT	Card/Dept.
SURNAME	First Name	Dr Ludlam, Haematology OPD, RIE.	
GRO-B		Doctor requesting and destination for report (if not above)	
Date of Birth	GRO-B 59/M		

cc. **Dr R.W. Tonkin**

~~HAEMAGGLUTINATION~~ TEST FOR HEPATITIS B SURFACE ANTIGEN..... **NEGATIVE**

RADIOIMMUNOASSAY FOR ANTIBODY TO HEPATITIS B SURFACE ANTIGEN.....

IM	Signature	GRO-B
Bact. 43A 7.4.81.		
THE ROYAL INFIRMARY OF EDINBURGH		VIROLOGY REPORT

[illegible]

THE ROYAL INFIRMARY OF EDINBURGH HEPATITIS REFERENCE		BACT 42	
Date of birth: GRO-B 69 Sex: M		Date of admission: 30.6.81	
Address if date of birth not available		If phone report required please tick ☐ and give extension.	
Date of onset of illness: 5: 5 - 10: 11 - 20: >21		Previous report (tick) Date: Positive ☐ Negative ☐	
Date of exposure		Tests to be performed	
GNOSIS OR REASON FOR REQUEST (Tick)		Routine screen for	
☐ Liver function test Abnormal ☐ Normal ☐ Not done ☐		Hepatitis B (Australia) antigen ☒	
☐ Dialysis ☐ Transplant ☐ Transfusion ☐ Tissue penetration ☐ If screen ☐ If test ☐ Specify		Other tests are available. Please contact laboratory	
Further diagnosis or further information: Haemophilic Screen		URGENT SPECIMENS EXAMINED AT ANY TIME BY ARRANGEMENT ONLY.	
Specimens: 5ml. of clotted blood in tightly closed container. Place plastic bag and seal specimen and form in second bag.		For Lab. use. Radioimmunoassay for hepatitis B surface antigen - NEGATIVE 10-9-81	
Date and time taken: 8/9/81	Date and time received	Laboratory Number	GRO-C

Specimens:		Date taken: 9.12.	Spec. no. JA 24676
SURNAME: GRO-B	First Name	CONSULTANT	Ward/Dept.
Date of Birth: GRO-B 69/M	cc. Dr R.W. Tonkin	Doctor requesting and destination for report (if not above) Dr Carr, Haematology OPD, RIE.	
TEST FOR HEPATITIS B SURFACE ANTIGEN.....		NEGATIVE	
RADIOIMMUNOASSAY FOR ANTIBODY TO HEPATITIS B SURFACE ANTIGEN.....			

IM	12 12.80.	Signature	GRO-C
Bact. 43A		THE ROYAL INFIRMARY OF EDINBURGH	

70		YEAR	SURNAME	GRO-B		HAEMOPHILIA	
PORT ARD	REPORT TO BE RETURNED TO: WARD		HOSPITAL/G		TU 8654 H		
INSUL	CONSULTANT/PRACTITIONER DR LUDLAM		SIGNATURE OF DOCTOR SGT		List Miscellaneous blood requests here		
Instructions. Check tests ☒ for non-urgent work, ☒ for urgent work, and ☒ for results to be phoned. The laboratory must be contacted by the doctor who wishes to initiate a request for urgent work (see Laboratory Handbook). See Handbook for details of specimens required and reference values not shown on this form.							
TIME OF COLLECTION		NATURE OF SPECIMEN (e.g. arterial, venous, fasting)		DATE OF COLLECTION			
TIME OF COLLECTION (Use 24 hour clock)		TIME OF COLLECTION (Use 24 hour clock)		NAME OF TEST, REFERENCE VALUES AND UNITS			
Day	Month	Year	Year	Year	Year	Year	Year
3	3	81	81	81	81	81	81
FOR LAB. USE ONLY		CHECK TESTS		FOR LAB. USE			
				UREA (2.5-6.6 mmol/l)			
				SODIUM (136-149 mmol/l)			
				POTASSIUM (3.8-5.2 mmol/l)			
				TOTAL CO ₂ (24-30 mmol/l)			
				BILIRUBIN (2-17 µmol/l)			
				ALANINE AMINOTRANSFERASE (10-40 units/l)			
				ALKALINE PHOSPHATASE (40-100 units/l)			
				CALCIUM (2.12-2.62 mmol/l)			
				PHOSPHATE (0.8-1.4 mmol/l)			
				CREATININE (55-150 µmol/l)			
				URATE (M 0.12-0.42 mmol/l) (F 0.12-0.36 mmol/l)			
				ASPARTATE AMINOTRANS- FERASE (10-35 units/l)			
				UREA STABLE LACTATE DE- HYDROGENASE (100-300 units/l)			
				CHOLESTEROL (3.6-6.7 mmol/l)			
				THYROXINE (75-150 nmol/l)			
				IRON (M 14-32 µmol/l) (F 10-28 µmol/l)			
				IRON-BINDING CAPACITY (45-72 µmol/l)			
				TOTAL PROTEIN (60-80 g/l)			
				ALBUMIN (36-47 g/l)			
				HYDROGEN ION (36-44 nmol/l) (Arterial)			
				Fe ₂ (+/- 6.1 kPa)			
				PLASMA BICARBONATE (Arterial) (21-27.5 mmol/l)			
				Fe ₃ (12-15 kPa)			
				FOR LAB. USE			
				13/4 SGT			

HAEMATOLOGY R.F.E. Tel No. 031 223 2477		(FOR LAB. USE ONLY)	
Collected		NEW PATIENT/REORDERED	
VENOUS/ARTERIAL BLOOD		DATE CODE	
FOR NORMAL VALUES - SEE POCKET CARD		LAB. No.	
Clinical Details		IF PRIVATE PATIENT TICK ☒	
Hemoglobin		MCV fl	
MCH pg		MCHC g/dl	
280		Film Report (FOR LAB. USE ONLY)	
Blast Cells %		Promyelo %	
Myelo %		Metamyelo %	
Neutro %		Lymph %	
Mono %		Eosino %	
Baso %		Nucleated RBC/100WBC	
Howell-Jolly Bodies		Basophilic Stippling	
Blood Film		Microscopic	
EAP score		Eosinophils	
Date 31/8/87		Technician GRO-C	
Haematologist		GRO-B	
GRO-C		GRO-B	
GRO-C		GRO-B	

HAEMATOLOGY R.F.E. Tel No. 031 223 2477		(FOR LAB. USE ONLY)	
Collected		NEW PATIENT/REORDERED	
VENOUS/ARTERIAL BLOOD		DATE CODE	
FOR NORMAL VALUES - SEE POCKET CARD		LAB. No. 57C	
Clinical Details		IF PRIVATE PATIENT TICK ☒	
Hemoglobin		MCV fl	
MCH pg		MCHC g/dl	
280		Film Report (FOR LAB. USE ONLY)	
Blast Cells %		Promyelo %	
Myelo %		Metamyelo %	
Neutro %		Lymph %	
Mono %		Eosino %	
Baso %		Nucleated RBC/100WBC	
Howell-Jolly Bodies		Basophilic Stippling	
Blood Film		Microscopic	
EAP score		Eosinophils	
Date 31/8/87		Technician GRO-C	
Haematologist		GRO-B	
GRO-C		GRO-B	
GRO-C		GRO-B	

INHIBITOR PTIK

NORMAL. 37 SECONDS

PATIENT: 56 SECONDS

50/50 MIX: 38 SECONDS

Factor VIII = 12%

Date 10/6/80

Technician

Haematologist

GRO-C

ADDRESSOGRAPH LABEL

OR

SURNAME (BLOCK LETTERS)

DATE OF BIRTH

GRO-B

GRO-B

GRO-B

DOCTOR REQUESTING EXAM REPORT TO BE RETURNED TO

GRO-C

MORD

HAEMATOLOGY R.I.E.
Tel. No. 031-229 2477
(FOR LAB USE ONLY)

Use Ball Pen Only
Tick in appropriate Block
Do Not Bend Form

Date Collected **12/8/80**
Time Collected **h**

NEW PATIENT/REPORTER
CLOTTED/ANTICOAGULATED BLOOD

LAB No. **85**

TEST RESULTS

1	PROTHROMBIN TIME RATIO	
2	THROMBIN TIME	C
3	PTTK	C
4	PLASMINOGEN ACTIVITY	
5	F.D.P.s.	mg/l
6	E.L.T.	min
7	Clotting factor	Assay %
8	Bleeding Time (Ivy)	min
9	LE cells	
10	Plasma Hb	g/l
11	Serum Haptoglobins	g/l
12	Serum Methaemalbumin	%
13	Mt/Sub-methaemoglobin	%
14	Serum B ₁₂	ng/l
15	Serum folate	µg/l
16	RBC folate	µg/l
17	Schilling without/with I.F.	%
18	BONE MARROW	

GREEN BLOCKS—
Unrestricted Test
WHITE BLOCKS—
By arrangement with lab. only

USE SEPARATE FORM FOR EACH SECTION
FOR NORMAL VALUES—SEE POCKET CARD

Clinical Details
If Private Patient Tick

Full in lab
Sample for storage

Please enter name of Haematologist authorising:

(FOR LAB. USE ONLY)

INHIBITOR PTTK:

CONTROL 37 S
PATIENT 72 S
MIXTURE 38 S

F.VIII INHIBITOR ASSAY:

ACTIVITY: < 1 INHIBITOR UNITS/ml

Date **12/8/80**
Technician _____ Haematologist **GRO-C**

ADDRESSOGRAPH LABEL OR

SURNAME (BLOCK LETTERS)	DATE OF BIRTH
GRO-B	GRO-B 29
GRO-B	
DO	XAM
REPORT TO BE RETURNED TO	
GRO-C	<i>M.D.</i>

HAEMATOLOGY R.I.E.
Tel. No. 031-229 2477
(FOR LAB USE ONLY)

Use Ball Pen Only
Tick in appropriate Block
Do Not Bend Form

Date Collected **31/3/81**
Time Collected **h**

NEW PATIENT/REPORTER
CLOTTED/ANTICOAGULATED BLOOD

LAB No. **65C**

TEST RESULTS

1	PROTHROMBIN TIME RATIO	
2	THROMBIN TIME	C
3	PTTK	C
4	PLASMINOGEN ACTIVITY	g/l
5	F.D.P.s.	mg/l
6	E.L.T.	min
7	Clotting factor	VIII:C Assay %
8	Bleeding Time (Ivy)	min
9	Platelets $\times 10^9/l$	
10	ANF	
11	LE cells	
12	Plasma Hb	g/l
13	Serum Haptoglobins	g/l
14	Serum Methaemalbumin	%
15	Mt/Sub-methaemoglobin	%
16	Serum B ₁₂	ng/l
17	Serum folate	µg/l
18	RBC folate	µg/l
19	Schilling without/with I.F.	%
20	BONE MARROW	

GREEN BLOCKS—
Unrestricted Test
WHITE BLOCKS—
By arrangement with lab. only

USE SEPARATE FORM FOR EACH SECTION
FOR NORMAL VALUES—SEE POCKET CARD

Clinical Details

Haemophilia VIII C
PA9
R5TO
PTTK INHIB.

Please enter name of Haematologist authorising test:

(FOR LAB. USE ONLY)

*histochem G. pad 112% Serum**Inhibitor PTTK*

Norm. 35-34

Normal = 66-68

Mix = 40.37

VIII RAG = 158%

Bio/imm ratio = 0.017

Date **1/7**
Technician _____ Haematologist _____

ADDRESSOGRAPH LABEL OR

SURNAME (BLOCK LETTERS)	DATE OF BIRTH
GRO-B	
GRO-B	
DO	XAM
REPORT TO BE RETURNED TO	
GRO-C	<i>M.D.</i>

DR LUDLAM HAEMATOLOGY

ANONYMOUS

Specimens: Ser		Date taken 9.12.80	Spec. No. 446
SURNAME	First Name	CONSULTANT	
GRO-B		Doctor requesting and destination for report (if not above)	
Date of Birth	GRO-B 59	M	Dr Carr, Haematology OPD, RIE.

cc **Dr Tonkin**
 HAEMAGGLUTINATION TEST FOR HEPATITIS B SURFACE ANTIGEN.....

RADIOIMMUNOASSAY FOR ANTIBODY TO HEPATITIS B SURFACE ANTIGEN..... **NEGATIVE**

Bact. 43A	24.12.80	LB	Signature	GRO-C
THE ROYAL INFIRMARY OF EDINBURGH			VIROLOGY REPORT	

Specimen:		CONSULTANT	Hard/Dept.
SURNAME	First Name	Dr Ludlam, Haematology OPD, RIE.	
GRO-B		Doctor requesting and destination for report (if not above)	
Date of Birth	GRO-B 59/M		

cc. **Dr R.W. Tonkin**

~~HAEMAGGLUTINATION~~ TEST FOR HEPATITIS B SURFACE ANTIGEN..... **NEGATIVE**

RADIOIMMUNOASSAY FOR ANTIBODY TO HEPATITIS B SURFACE ANTIGEN.....

IM	Signature	GRO-C
Bact. 43A 7.1.81.	VIROLOGY REPORT	
THE ROYAL INFIRMARY OF EDINBURGH		

DAY		MONTH		YEAR		GRO-B		TU 6677 A	
REPORT TO BE RETURNED TO: WARD						HOSPITAL			
CONSULTANT/PRACTITIONER DR. LUDIAN						SIGNATURE OF DOCTOR JST			
Instructions. Check tests ☒ for non-urgent work, ☒ for urgent work, and ☐ for results to be phoned. The laboratory must be contacted by the doctor who wishes to initiate a request for urgent work (see Laboratory Handbook). See Handbook for details of specimens required and reference values not shown on this form.									
NATURE OF SPECIMEN (e.g. arterial, venous, fasting)		TIME OF COLLECTION (Use 24 hour clock)		DATE OF COLLECTION		NAME OF TEST, REFERENCE VALUES AND UNITS			
Day	Month	Year	Time	Day	Month	Year	Test	Reference	Units
20	09	88					UREA (2.5-6.6 mmol/l)		
							SODIUM (136-149 mmol/l)		
							POTASSIUM (3.8-5.2 mmol/l)		
							TOTAL CO ₂ (24-30 mmol/l)		
							BILIRUBIN (2-17 µmol/l)		
							ALANINE AMINOTRANSFERASE (10-40 units/l)		
							ALKALINE PHOSPHATASE (40-100 units/l)		
							CALCIUM (2.12-2.62 mmol/l)		
							PHOSPHATE (0.8-1.4 mmol/l)		
							CREATININE (55-150 µmol/l)		
							URATE (M 0.12-0.42 mmol/l, F 0.12-0.36 mmol/l)		
							ASPARTATE AMINOTRANSFERASE (10-35 units/l)		
							UREA STABLE LACTATE DEHYDROGENASE (100-300 units/l)		
							CHOLESTEROL (3.6-6.7 mmol/l)		
							THYROXINE (75-150 nmol/l)		
							IRON (M 14-33 µmol/l, F 10-28 µmol/l)		
							IRON-BINDING CAPACITY (45-72 µmol/l)		
							TOTAL PROTEIN (60-80 g/l)		
							ALBUMIN (36-47 g/l)		
							HYDROGEN ION (36-44 nmol/l) (Arterial)		
							Pco ₂ (4.4-6.1 kPa)		
							PLASMA BICARBONATE (Arterial) (21-27.5 mmol/l)		
							Po ₂ (12-15 kPa)		
							FOR LAB. USE		
							16/09/88 JST		

HAEMATOLOGY		NUMBER	
HAEMATOLOGY R.F.E. Tel No. 011-229 2477 OR LAB USE ONLY		Do Not Bend Form Date Collected <u>22/11/79</u> Time Collected <u>1145</u> h	
LAB No. <u>75c</u>		NAME (FOR LAB USE ONLY)	
TEST RESULTS		TEST RESULTS	
:1 PROTHROMBIN TIME RATIO s THROMBIN TIME C s s PTTK C s		:1 PROTHROMBIN TIME RATIO s THROMBIN TIME C s s PTTK C s	
F.D.P.s. mg/l E.L.T. min Clotting factor Assay % Bleeding Time (Ivy) min		FIBRINOGEN (factor I) g/l F.D.P.s. mg/l E.L.T. min Clotting factor Assay % Bleeding Time (Ivy) min	
LE cells RBC folate µg/l Schilling without/with I.F. % BONE MARROW		ANE LE cells Plasma Hb g/l Serum Haptoglobin g/l Serum Methaemoglobin % Mol/Serum haemoglobin % Serum B µg/l Serum folate µg/l RBC folate µg/l Schilling without/with I.F. % BONE MARROW	
PLEASE NOTE GREEN BLOCKS—Unrestricted Test WHITE BLOCKS—By arrangement with lab. only USE SEPARATE FORM FOR EACH SECTION FOR NORMAL VALUES—SEE POCKET CARD Clinical Details If Private Patient Tick ☐		PLEASE NOTE GREEN BLOCKS—Unrestricted Test WHITE BLOCKS—By arrangement with lab. only USE SEPARATE FORM FOR EACH SECTION FOR NORMAL VALUES—SEE POCKET CARD Clinical Details If Private Patient Tick ☐	
Please enter name of Haematologist authorising test		Please enter name of Haematologist authorising test	
(FOR LAB. USE ONLY)		(FOR LAB. USE ONLY)	

FVIII C = 2.2%
 FVIII = 58%
 FVIII Rf = to follow.
 FVIII RCo =

INHIBITOR PTTK.
 PATIENT - 52 seconds
 NORMAL - 33 seconds
 NORMAL + PATIENT - 33 seconds

Date 1 / 17 / 79
 Technician _____ Haematologist _____

GRO-C

ADDRESSOGRAPH LABEL OR
 SURNAME (BLOCK LETTERS) GRO-B DATE OF BIRTH 29
 FIRST NAMES GRO-B SEX M/F
 DOCTOR REQUESTING EXAM. REPORT TO BE RETURNED TO
GRO-C Blood
One
copy

Date 30 / 6 / 79
 Technician _____ Haematologist _____

GRO-C

ADDRESSOGRAPH LABEL OR
 SURNAME (BLOCK LETTERS) GRO-B DATE OF BIRTH 29
 FIRST NAMES GRO-B SEX M/F
 DOCTOR REQUESTING EXAM. REPORT TO BE RETURNED TO
GRO-C Blood
One
copy

Specimens: Blood	8-9-81	Spec. No. JA30110
Signature: GRO-B	First Name	Ward/Dept.
Date of Birth: GRO-B 69	M	Dr. Ludlam, Haematology Dept. RTE
Doctor requesting and destination for report (if not above)		

Further Report

Radioimmunoassay results

NEGATIVE for antibody to Hepatitis B surface antigen
NEGATIVE for antibody to Hepatitis B core antigen

Bact. 43 12-11-81 MC	Signature	GRO-C
THE ROYAL INFIRMARY OF EDINBURGH		
VIROLOGY REPORT		

Specimens: Blood	JA 28793
Signature: GRO-B	Ward/Dept.
Date of Birth: GRO-B 59/M	Dr Ludlam, Haematology OPD, RTE.
Doctor requesting and destination for report (if not above)	

cc. Dr R.W. Tonkin

HAEMAGGLUTINATION TEST FOR HEPATITIS B SURFACE ANTIGEN.....

RADIOIMMUNOASSAY FOR ANTIBODY TO HEPATITIS B SURFACE ANTIGEN..... **NEGATIVE**

IM 14.7.81.	Signature	GRO-C
Bact. 43A	THE ROYAL INFIRMARY OF EDINBURGH	
VIROLOGY REPORT		

FUE

BRUT 42

G (Block letters)
if not ward/

Date of birth		GRO-B		30, 6, 31.		IC (Block letters) if not ward/	
Address if date of birth not available		Sex M/F		Date of admission		If phone report required please tick ☐ and give extension.	

e of onset of illness Date of exposure

uration in days

5; 6 - 10; 11 - 20; >21

Previous report (tick) Date

Positive ☐ Negative ☐

GNOSIS OR REASON FOR REQUEST (Tick)

Indice ☐ → Liver function test Abnormal ☐
Normal ☐
Not done ☐

nal Dialysis ☐

ral Transplant

L-transfusion ☐

If screen ☐

tract: ☐

for diagnosis or further information :-

Hemophilus Sorens

Tests to be performed

Routine screen for

Hepatitis B (Australia) antigen

Other tests are available. Please contact laboratory

URGENT SPECIMENS EXAMINED AT ANY
TIME BY ARRANGEMENT ONLY.

For Lab use

Radioimmunoassay for
hepatitis B surface
antigen - NEGATIVE
10-9-81

GRO-C

specimen: 5ml. of clotted blood in tightly closed container. Place plastic bag and seal specimen and form in second bag.

ite and time taken

Date and time received

Laboratory Number

8/9/87

Specimens:

SURNAME.

GRO-B

First Name

Date taken 9.12

REC. NO. JA 24676

Ward/Dept.

Date of Birth **GRO-B** 59/M

cc. Dr R.W. Tonkin

CONSULTANT

Doctor requesting and destination for report (if not above)
Dr Carr, Haematology OPD, RLE.

TEST FOR HEPATITIS B SURFACE ANTIGEN.....NEGATIVE

RADIOIMMUNOASSAY FOR ANTIBODY TO HEPATITIS B SURFACE ANTIGEN

IM

12 12.80.

Bact. 43A

THE ROYAL INFIRMARY OF EDINBURGH

Signature

GRO-C

ETHNOLOGY REPORT

USE ADDRESSOGRAPH LABEL OR PRINT DETAILS CLEARLY									
DATE OF BIRTH DAY MONTH YEAR 27 0	DATE OF BIRTH DAY MONTH YEAR GRO-B 59	SURNAME GRO-B	INITIALS GRO-B	SEX M	TU 4253 A <i>Heero J. L. van</i> List Miscellaneous blood requests here				
REPORT WARD BL	REPORT TO BE RETURNED TO: WARD GRO-C	HOSPITAL/G.P. ADDRESS GRO-C							
CONSULTANT/PRACTITIONER	SIGNATURE OF DOCTOR GRO-C								
Instructions. Check tests ☒ and ☒ for emergency work. During normal working hours, telephone the laboratory (Ext. 2396) to arrange for urgent work; outside those hours, contact the member of staff on duty via the telephone exchange.									
ATURE OF SPECIMEN E. arterial venous, fasting	TIME OF COLLECTION (Use 24 hr clock)	TIME OF COLLECTION (Use 24 hr clock)	DATE OF COLLECTION Day Month Year	NAME OF TEST, REFERENCE VALUES AND UNITS	CHECK TESTS	FOR LAB. USE ONLY	FOR LAB. USE		
				UREA (2.56-6 mmol/l)					
				SODIUM (132-144 mmol/l)					
				POTASSIUM (3.3-4.7 mmol/l)					
				TOTAL CO ₂ (24-30 mmol/l)					
				BILIRUBIN (2-17 µmol/l)					
				ALANINE AMINOTRANSFERASE (10-40 units/l)					
				ALKALINE PHOSPHATASE (50-100 units/l)					
				CALCIUM (2.12-2.62 mmol/l)					
				PHOSPHATE (0.8-1.4 mmol/l)					
				CREATININE (55-150 µmol/l)					
				URATE (M 0.12-0.42 mmol/l) (F 0.12-0.36 mmol/l)					
				ASPARTATE AMINOTRANS- FERASE (10-35 units/l)					
				UREA STABLE LACTATE DE- HYDROGENASE (100-300 units/l)					
				CHOLESTEROL (3.6-6.7 mmol/l)					
				THYROXINE (70-150 nmol/l)					
				IRON (M 14-32 µmol/l) (F 10-28 µmol/l)					
				IRON-BINDING CAPACITY (45-72 µmol/l)					
				TOTAL PROTEIN (60-90 g/l)					
				ALBUMIN (36-47 g/l)					
				HYDROGEN ION (36-44 nmol/l) (Arterial)					
				Pco ₂ (4.5-6.1 kPa)					
				PLASMA BICARBONATE (Arterial) (21-27.5 mmol/l)					
				Po ₂ (12-15 kPa)					

FOR INPATIENT SECTION No. 109C RESULTS :1 PROTHROMBIN TIME RATIO s THROMBIN TIME C s s PTTK C s F.D.P.s. L mg/l E.L.T. min Clotting factor Assay % Bleeding Time (Ivy) min Fibrinogen (g/l) LE cells RBC folate µg/l Schilling without/with I.F. % (FOR LAB. USE ONLY) Blast Cells % Promyelo % Myelo % Metamyelo % Neuro % Lymph % Mono % Eosino % Baso % Nucleated RBC/100WBC Howell-Jelly Rodgers Blaschko Stippling Date 9/8/81 Technician GRO-B Haematologist ADDRESSOGRAPH LABEL / OR SURNAME (BLOCK LETTERS) GRO-B DATE OF BIRTH FIRST NAMES GRO-B SEX M/F DOCTOR REQUESTING EXAM REPORT TO BE RETURNED TO GRO-C Haeem Haem Sec	PLEASE NOTE GREEN BLOCKS—Unrestricted Test WHITE BLOCKS—By arrangement with lab. only USE SEPARATE FORM FOR EACH SECTION FOR NORMAL VALUES—SEE POCKET CARD Clinical Details If Private Patient Tick ☐ Please enter name of Haematologist authorising test Inhibitor PTK. NORMAL 34 seconds Patient 64 seconds Mix 37 seconds Factor VIII 2.7%
--	---

7. THE ROYAL INFIRMARY OF ... DEPARTMENT OF CLINICAL CHEMISTRY

USE ADDRESS: ... INITIAL DETAILS AND RELEVANT TREATMENT

DATE OF BIRTH: MONTH YEAR ... SURNAME ...

GRO-B 69 GRO-B GRO-B

WRY TO BE RETURNED TO: HOSPITAL/G.P. ADDRESS ...

MD ...

CONSULTANT/PRACTITIONER: LUDLAM SIGNATURE OF DOCTOR: JST

List Miscellaneous blood requests here

Instructions: Check tests ☒ and ☒ for emergency work. During normal working hours, telephone the laboratory (Ext. 2396) to arrange for urgent work; outside those hours, contact the member of staff on duty via the telephone exchange.

TIME OF COLLECTION (Use 24 hour clock)		NAME OF TEST, REFERENCE VALUES AND UNITS	FOR LAB. USE ONLY	FOR LAB. USE	IB. USE
Day	Month				
18	12	UREA (2.5-6.6 mmol/l)	3.9		
		SODIUM (132-144 mmol/l)	138		
		POTASSIUM (3.3-4.7 mmol/l)	3.7		
		TOTAL CO ₂ (24-30 mmol/l)	29		
		BILIRUBIN (2-17 µmol/l)	5		
		ALANINE AMINOTRANSFERASE (10-40 units/l)	38		
		ALKALINE PHOSPHATASE (40-100 units/l)	196		
		CALCIUM (2.12-2.62 mmol/l)			
		PHOSPHATE (0.8-1.4 mmol/l)			
		CREATININE (55-150 µmol/l)			
		URATE (M 0.12-0.42 mmol/l; F 0.12-0.36 mmol/l)			
		ASPARTATE AMINOTRANSFERASE (10-35 units/l)			
		UREA STABLE LACTATE DEHYDROGENASE (100-300 units/l)			
		CHOLESTEROL (3.6-6.7 mmol/l)			
		THYROXINE (70-150 nmol/l)			
		IRON (M 14-32 µmol/l; F 10-28 µmol/l)			
		IRON-BINDING CAPACITY (45-72 µmol/l)			
		TOTAL PROTEIN (60-80 g/l)			
		ALBUMIN (35-47 g/l)			
		HYDROGEN ION (3.6-4.4 nmol/l) (Arterial)			
		Pco ₂ (4-46.1 kPa)			
		PLASMA BICARBONATE (Arterial) (21-27.5 mmol/l)			
		Po ₂ (12-15 kPa)			
			14		

(FOR LAB USE ONLY)		Form	
		Collected 18/12/81	
		Time Collected	h
LAB No. 70C		NAME	
TEST RESULTS		PLEASE NOTE	
:1		GREEN BLOCKS— Unrestricted Test	
s		WHITE BLOCKS— By arrangement with lab. only	
s	PTTK C s	USE SEPARATE FORM FOR EACH SECTION	
		FOR NORMAL VALUES —SEE POCKET CARD	
F.D.P.s.	mg/l	Clinical Details	
E.L.T.	min	If Private Patient Tick ☐	
Clotting factor	Assay %	PTTK <i>1.5</i>	
Bleeding Time	(by) min	<i>Same + storage</i>	
LE cells			
RBC folate	µg/l	Please enter name of Haematologist authorising test	
Schilling without/with I.E.	%		
(FOR LAB. USE ONLY)			

Inhibitor PTTK.

Normal = 34 seconds
 Patient = 65 seconds
 50/50 mix = 38 seconds

Date 18/12/81	Technician	Haematologist	GRO-C
ADDRESSOGRAPH LABEL		OR	
SURNAME (BLOCK LETTERS)		DATE OF BIRTH	
GRO-B			
FIRST NAMES			
GRO-B			
DOCTOR REQUESTING EXAM		REPORT TO BE RETURNED TO	
GRO-C		<i>Halm.</i>	

WITN2232036 0025

THE ROYAL

FOR INPATIENT USE

LAB No.		0095	
TEST RESULTS		8	
:1	PROTHROMBIN TIME (sec)		
s	PTTK	C	s
F.D.P.s.		mg/l	
E.L.T.		min	
Clotting factor		Assay %	
Bleeding Time (lvv)		min	
LE cells			
RBC folate		µg/l	
Schilling without/with I.F.		%	
HbA1c			

Collected Time
Collected h

NEW PATIENT/REPORTER
COATED/ANTICOAGULATED BLOOD

PLEASE NOTE
MAR 19 15:34

GREEN BLOCKS—
Unrestricted Test
WHITE BLOCKS—
By arrangement with lab. only

USE SEPARATE FORM
FOR EACH SECTION

FOR NORMAL VALUES
— SEE POCKET CARD

Clinical Details

If Private Patient Tick ☐

PTTK
Inhib
Serum
for 1000
Storage

Please enter name of
Haematologist authorising test

(FOR LAB. USE ONLY)

INHIBITOR PTTK

NORM = 33, 34 sec

PATIENT = 74 70 sec

MIXTURE = 38 38 sec

Date 19.3.82
Technician

Haematologist

GRO-C

ADDRESSOGRAPH LABEL

OR

SURNAME (LAST NAME)

RS)

GRO-B

GRO-B

FIRST NAME(S)

GRO-B

DOCTOR REQUESTING EXAM

REPORT TO BE RETURNED TO

GRO-C

B.C.I.

Haem Sec

HAEMA

THE ROYA

FOR INPA

MATOLOG
031-225
USE ON

4M

Collected

Time

Collected

NEW PATIENT REPORTER

VENOUS / CAPILLARY
BLOOD

M5

DATE
CODE

LAB.
No.

WBC

Hb

Hct

MCV

MCH

MCHC

g/dl

FOR NORMAL VALUES—
SEE POCKET CARD

Clinical Details

IF PRIVATE PATIENT TICK ☐

Haemophiliac

Film Report (FOR LAB. USE ONLY)

Film appears within normal limits

Date 19/3/8

Technician 77

Haematologist

GRO-C

ADDRESSOGRAPH LABEL

SURNAME (BLOCK LETTERS)

GRO-B

OR

DATE OF BIRTH

GRO-B

69

FIRST NAMES

GRO-B

DOCTOR REQUESTING EXAM

REPORT TO BE RETURNED TO

GRO-B

GRO-B

GRO-B

GRO-B

GRO-B

GRO-B

GRO-B

GRO-B

GRO-B

GRO-B

GRO-B

GRO-B

GRO-B

GRO-B

GRO-B

GRO-B

Haem Sec

Haem Sec

VIRIOLOGY		NUMBER
THE ROYAL INFIRMARY OF EDINBURGH COMMON MOUNT FOR INPATIENTS PLEASE USE SEPARATE MOUNT FOR EACH TYPE OF REPORT		NAME
Specimens: Blood	Date taken 20-3-82	Spec. No. JA33839
SURNAME GRO-B	First Name	Ward/Dept.
Date of Birth GRO-B 69 M	CONSULTANT Dr. Ludlam, Blood Clinic, RIE Doctor requesting and destination for report (if not above)	
Radioimmunoprecipitation test for antibody to Hepatitis B surface antigen - NEGATIVE.		
15-4-82 MC		
Bact. 43	Signature	GRO-C
THE ROYAL INFIRMARY OF EDINBURGH		VIROLOGY REPORT

ROYAL INFIRMARY OF EDINBURGH		BACTERIOLOGY REPORT
SURNAME GRO-B	First Name	CONSULTANT
Date of birth GRO-B 69	Ward/Dept. Dr. Ludlam 23	
Doctor requesting and destination for report (if not as above)		

I. Nasal swab:

Culture yielded a heavy growth of *Staphylococcus aureus* (PS, Neo S).

R&L Ear and R. Nasal swaps

No significant growth on culture.

Throat swab

Large numbers of Beta Haemolytic Streptococci (PS) of Lancefield's Group 'A'.

Bact. 16A.	A. FRASER	Signature	GRO-C	Date 28-4-82	Spec. No.
Specimens: AS ABOVE	Date taken 27-4-82				

THE ROYAL INFIRMARY OF EDINBURGH HEPATITIS REQUEST - V

JA 34080

BACT 42

GRO-B	CONSULTANT'S NAME <i>LUDLAM</i> Please complete*		DOCTOR and destination for report if not ward/dept.
	Ward/Dept. <i>HSEM</i>	IP <i>OP</i>	If phone report required please tick ☐ and give extension.
	Date of admission		
Date of onset of illness or duration in days 0 - 5; 6 - 10; 11 - 20; >21		Previous report (tick) Date Positive ☐ Negative ☐	
DIAGNOSIS OR REASON FOR REQUEST (Tick) Jaundice ☐ → Liver function test Abnormal ☐ Normal ☐ Not done ☐ Renal Dialysis ☐ Renal Transplant ☐ Post-transfusion ☐ Tissue penetration ☐ Staff screen ☐ Contact ☐ → Specify Other diagnosis or further information :- <i>Haemophilia</i>		Tests to be performed Routine screen for Hepatitis B (Australia) antigen ☒ Other tests are available. Please contact laboratory URGENT SPECIMENS EXAMINED AT ANY TIME BY ARRANGEMENT ONLY. For Lab. use. <i>2/2/82</i> Radioimmunoassay for hepatitis B surface antigen - NEGATIVE	
Specimen: 5ml. of clotted blood in tightly closed container. Place in plastic bag and seal specimen and form in second bag.		GRO-C	
Date and time taken <i>30/3/82</i>		Date and time received <i>1/4/82</i>	
Laboratory Number			

THE ROYAL INFIRMARY OF EDINBURGH HEPATITIS REQUEST - VIF

JA 35204

BACT 42

GRO-B	CONSULTANT'S NAME <i>GRO-C</i> Please complete*		DOCTOR and destination for report if not ward/dept.
	Ward/Dept. <i>Haem</i>	IP <i>OP</i>	If phone report required please tick ☐ and give extension.
	Date of admission		
Date of onset of illness or duration in days 0 - 5; 6 - 10; 11 - 20; >21		Previous report (tick) Date Positive ☐ Negative ☐	
DIAGNOSIS OR REASON FOR REQUEST (Tick) Jaundice ☐ → Liver function test Abnormal ☐ Normal ☐ Not done ☐ Renal Dialysis ☐ Renal Transplant ☐ Post-transfusion ☐ Tissue penetration ☐ Staff screen ☐ Contact ☐ → Specify Other diagnosis or further information :- <i>Haemophilia - neg. blood products</i>		Tests to be performed Routine screen for Hepatitis B (Australia) antigen ☒ Other tests are available. Please contact laboratory URGENT SPECIMENS EXAMINED AT ANY TIME BY ARRANGEMENT ONLY. For Lab. use. Radioimmunoassay for hepatitis B surface antigen - NEGATIVE <i>2-6-82</i>	
Specimen: 5ml. of clotted blood in tightly closed container. Place in plastic bag and seal specimen and form in second bag.		GRO-C	
Date and time taken		Date and time received	
Laboratory Number			

[illegible]

THE ROYA

FOR INPA

HAEMAT

(FOR LAB. USE ONLY)

16m

For P.O. Only
Use Green Blocks
and Form

Collected 30/3/82
Time Collected PM

NEW PATIENT/RE-ENTER
VCUGS/PAID/PAID
BID/DO

FOR NORMAL VALUES -
SEE POCKET CARD

Clinical Details

IF PRIVATE PATIENT TICK ☐

Haemophla

Film Report (FOR LAB. USE ONLY)

Blast Cells %

Promyelo %

Myelo %

Metamyelo %

Neutro %

Lymph %

Mono %

Eosino %

Baso %

Nucleated
RBC/100WBC

Howell-Jolly
Bodies

Basophilic
Stippling

Red Cell
Distribution

Monospot

ABO

ABO

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Film appears within normal limits

Date 30/3/82

Technician

GRO-C

Haematologist

GRO-B

DATE OF BIRTH

RETURNED TO

Haem Sec

Haem Sec

THE ROY
FOR INPATIENT USE

LAB No. **0136 '84**

TEST RESULTS

1	PROTHROMBIN TIME	
2	REPTOMBIN TIME	
3	PTTK	C
4	F.D.P.s	mg/l
5	E.L.T.	min
6	Clotting factor	Assay %
7	Bleeding Time	(Ivy) min
8	LE cells	
9	RBC folate	µg/l
10	Schilling with/without I.F.	%

Time Collected **h**

BY PATIENT/REPORTER

CLINICAL ANTICOAGULATED BLOOD

PLEASE NOTE

GREEN BLOCKS—Unrestricted Test

WHITE BLOCKS—By arrangement with lab. only

USE SEPARATE FORM FOR EACH SECTION

FOR NORMAL VALUES—SEE POCKET CARD

Clinical Details

If Private Patient Tick ☐

PTTK
in lab

Serum*

* NO Serum Sample received

Please enter name of Haematologist authorising test

(FOR LAB. USE ONLY)

INHIBITOR PTK.

PATIENT = 52 sec

CONTROL = 33 sec

50:50 MIX = 38 sec

Date / / 17

Technician

Haematologist **GRO-C**

ADDRESSOGRAPH LABEL

GRO-B

DATE OF BIRTH

RETURNED TO

GRO-C

Haem
RIE

Haem Sec

Specimens: Blood		Date taken 30-3-82	Spec. No. JA34080
SURNAME	First Name	CONSULTANT	
GRO-B		Dr. Ludlam, Haematology, RIE	
Date of Birth		Doctor requesting and destination for report (if not above)	
GRO-B	69 GRO-B M		

Radioimmunoprecipitation test for antibody to Hepatitis B
surface antigen - NEGATIVE

15-4-82	MC	GRO-C
Bact. 43	Signature	
THE ROYAL INFIRMARY OF EDINBURGH		VIROLOGY REPORT

Specimens: Blood		Date taken 18.5.82	Spec. No. JA 34952
SURNAME	First Name	CONSULTANT	
GRO-B		Dr. Ludlam, Haem., RIE.	
Date of Birth		Doctor requesting and destination for report (if not above)	
GRO-B	59 GRO-B		

Radioimmunoassay for antibody to Hepatitis B surface antigen -
NEGATIVE.

2.6.82 NM		GRO-C
Bact. 43	Signature	
THE ROYAL INFIRMARY OF EDINBURGH		VIROLOGY REPORT

THE ROYAL INFIRMARY OF EDINBURGH		HEPATITIS REQUEST - VIROLOGY		BACT 42	
Use patient data label SE D A	GRO-B	[M] CONSULTANT'S NAME <i>Ludlam</i>		DOCTOR F. JA 40102 (attends ward/ dept.)	
		Please complete Ward/Dept. <i>23</i> IP/OP <i>OP</i>		Tennant	
Date of onset of illness or duration in days 0 - 5; 6 - 10; 11 - 20; >21		Date of exposure		Previous report (tick) Date Positive ☐ Negative ☐	
DIAGNOSIS OR REASON FOR REQUEST (Tick) Jaundice ☐ → Liver function test Abnormal ☐ Normal ☐ Not done ☐ Renal Dialysis ☐ Renal Transplant ☐ Post-transfusion ☐ Tissue penetration ☐ Staff screen ☐ Contact ☐ → Specify Other diagnosis or further information :- <i>Hemophilia</i>		Tests to be performed + Antibody Routine screen for Hepatitis B (Australia) antigen ☒ Other tests are available. Please contact laboratory URGENT SPECIMENS EXAMINED AT ANY TIME BY ARRANGEMENT ONLY. For Lab. use, Radioimmunoassay for hepatitis B surface antigen - NEGATIVE <i>16/2</i>		GRO-C	
Specimen: 5ml. of clotted blood in tightly closed container. Place in plastic bag and seal specimen and form in second bag.		Laboratory Number			
Date and time taken <i>23/12/83</i>		Date and time received			

THE ROYAL INFIRMARY OF EDINBURGH		HEPATITIS REQUEST - VIROLOGY		JA 34952-2	
Use patient data label SE D A	GRO-B	CONSULTANT'S NAME <i>Ludlam</i>		DOCTOR REQUEST (attends ward/ dept.)	
		Please complete Ward/Dept. <i>HACM</i> IP/OP <i>OP</i>			
Date of onset of illness or duration in days 0 - 5; 6 - 10; 11 - 20; >21		Date of exposure		Previous report (tick) Date Positive ☐ Negative ☐	
DIAGNOSIS OR REASON FOR REQUEST (Tick) Jaundice ☐ → Liver function test Abnormal ☐ Normal ☐ Not done ☐ Renal Dialysis ☐ Renal Transplant ☐ Post-transfusion ☐ Tissue penetration ☐ Staff screen ☐ Contact ☐ → Specify Other diagnosis or further information :- <i>Hemophilia</i>		Tests to be performed Routine screen for Hepatitis B (Australia) antigen ☐ + antibody Other tests are available. Please contact laboratory URGENT SPECIMENS EXAMINED AT ANY TIME BY ARRANGEMENT ONLY. For Lab. use, Radioimmunoassay for hepatitis B surface antigen - NEGATIVE <i>17.5.82</i>		GRO-C	
Specimen: 5ml. of clotted blood in tightly closed container. Place in plastic bag and seal specimen and form in second bag.		Laboratory Number			
Date and time taken		Date and time received <i>18/5/82</i>			

HAEMATOLOGY R.F.C.
Tel. No. 031-223 2472

Use Ball Pen Only
Tick appropriate Green Blocks
Do Not Bend Form

(FOR LAB. USE ONLY)

Date Collected 18/5/82

Time Collected h

NEW PATIENT/REENTER

VENOUS/CAPILLARY BLOOD

1	2	3	4	DATE CODE	FOR NORMAL VALUES—SEE POCKET CARD
0	1	8		LAB. No.	Clinical Details
0	0	0		WBC	IF PRIVATE PATIENT TICK ☐
5	0	0		RBC	
1	0	7		Hb	
0	0	3		Hct	
0	0	6		MCV fl	Will delay
0	0	1		MCH pg	
0	0	1		MCHC g/dl	

Rede %

Platelets $\times 10^9$

ESR (mm/hr)

Differential

Blast Cells %

Promyelo %

Myelo %

Metamyelo %

Neutro %

Lymph %

Mono %

Eosino %

Baso %

Nucleated RBC/100WBC

Howell-Jolly Bodies

Basophilic Stippling

Blood Film

Monospot

LAP score

Chromosomal (100/1)

Malaria Parasites

Histo Bodies

Hb Screen

Film Report (FOR LAB. USE ONLY)

the mainly mildly hypochromic microcytic with a few elliptocytes

WBC - NAD

Platelets normal

Film appears within normal limits

Date 18/5/82

Technician

Haematologist

GRO-C

AD

SU

FIR

DO

BIRTH

W/E

TURNED TO

GRO-B

Haem Sec

HAEMATOLOGY R.F.C.
Tel. No. 031-223 2472

Use Ball Pen Only
Tick appropriate Green Blocks
Do Not Bend Form

(FOR LAB. USE ONLY)

Date Collected 17/8/82

Time Collected h

NEW PATIENT/REENTER

VENOUS/CAPILLARY BLOOD

1	2	3	4	DATE CODE	FOR NORMAL VALUES—SEE POCKET CARD
1	6			LAB. No.	Clinical Details
4	0	9		WBC	IF PRIVATE PATIENT TICK ☐
4	0	8		RBC	Haemophilic
1	2	0		Hb	
0	3	9		Hct	
8				MCV fl	
2	5	0		MCH pg	
3	0	6		MCHC g/dl	

Rede %

Platelets $\times 10^9$

ESR (mm/hr)

Differential

Blast Cells %

Promyelo %

Myelo %

Metamyelo %

Neutro %

Lymph %

Mono %

Eosino %

Baso %

Nucleated RBC/100WBC

Howell-Jolly Bodies

Basophilic Stippling

Blood Film

Monospot

LAP score

Chromosomal (100/1)

Malaria Parasites

Histo Bodies

Hb Screen

Film Report (FOR LAB. USE ONLY)

Film appears within normal limits

Date 17/8/82

Technician

Haematologist

GRO-C

ADDRESS

SURNAME

GRO-B

FIRST NAME

DOCTOR

GRO-B

Dr Ludlam

Haem

WITN223247
(FOR LAB USE ONLY)

Date Collected **20/7/82**
Time Collected **16²⁰ h**

LAB No. **C16**

TEST RESULTS

1	PROTHROMBIN TIME RATIO	
s	THROMBIN TIME	C s
s	PTTK	C s
	FIBRINOGEN (mg/dl)	
	F.D.P.s.	mg/l
	E.L.T.	min
	Clotting factor	Assay %
	Bleeding Time (Ivy)	min
	Platelets (x10 ⁹ /l)	
	LE cells	
	RBC folate	µg/l
	Schilling without/with I.F.	%
	BONE MARROW	

PLEASE NOTE

GREEN BLOCKS—Unrestricted Test
WHITE BLOCKS—By arrangement with lab. only

USE SEPARATE FORM FOR EACH SECTION
FOR NORMAL VALUES—SEE POCKET CARD

Clinical Details

If Private Patient Tick ☐

Plasma for storage
Ink PTTK

Please enter name of Haematologist authorising test

(FOR LAB. USE ONLY)

Inhibitor PTTK.
Patient - 44secs
Control - 30secs
SO:SO MIX - 33secs

WITN223247
(FOR LAB USE ONLY)

Date Collected **18/5/82**
Time Collected **h**

LAB No. **24**

TEST RESULTS

1	PROTHROMBIN TIME RATIO	
s	THROMBIN TIME	C s
s	PTTK	C s
	FIBRINOGEN (mg/dl)	
	F.D.P.s.	mg/l
	E.L.T.	min
	Clotting factor	Assay %
	Bleeding Time (Ivy)	min
	Platelets (x10 ⁹ /l)	
	LE cells	
	RBC folate	µg/l
	Schilling without/with I.F.	%
	BONE MARROW	

PLEASE NOTE

GREEN BLOCKS—Unrestricted Test
WHITE BLOCKS—By arrangement with lab. only

USE SEPARATE FORM FOR EACH SECTION
FOR NORMAL VALUES—SEE POCKET CARD

Clinical Details

If Private Patient Tick ☐

Plasma for storage
Ink PTTK

Please enter name of Haematologist authorising test

(FOR LAB. USE ONLY)

INHIBITOR PTTK (37°C / 1hr)
CONTROL - 32 - s
PATIENT - 65 - s
SO:SO MIX - 37 - s

Date **1/7**
Technician **GRO-C**
Haematologist

ADDRESSOGRAPH LABEL OR

SURNAME (BLOCK LETTERS) **GRO-B** DATE OF BIRTH **69**

FIRST **GRO-B**

DOCTOR REQUESTING EXAM **Haematology** REPORT TO BE RETURNED TO

Date **18/5/82**
Technician **GRO-C**
Haematologist

ADDRESSOGRAPH LABEL OR

SURNAME (BLOCK LETTERS) **GRO-B** DATE OF BIRTH **69**

FIRST **GRO-B**

DOCTOR REQUESTING EXAM **GRO-C** REPORT TO BE RETURNED TO **GRO-C**

HAEMATOLOGY Form No. (01/223/2477)		Ball Pen Only Tick appropriate Green Blocks Do Not Bend Form	
(FOR LAB. USE ONLY)		Date Collected	1/15/82
		Time Collected	h
		NEW PATIENT REPORTER	
		VENOUS/CAPILLARY BLOOD	
0755	DATE CODE	FOR NORMAL VALUES - SEE POCKET CARD	
1 5 2	LAB. No.	Clinical Details	
7 5 5		IF PRIVATE PATIENT TICK ☐	
0 4 5			
4 9 5			
1 3 0			
3 8 9			
0 7 9	MCV fl		
2 6 5	MCH pg		
3 3 4	MCHC g/dl		
Film Report (FOR LAB. USE ONLY)			
Blast Cells %			
Promyelo %			
Myelo %			
Metamyelo %			
Neutro %			
Lymph %			
Mono %			
Eosino %			
Baso %			
Nucleated RBC/100WBC			
Howell-Jolly Bodies			
Basophilic Stippling			
Blood Film		Film appears within normal limits	
Date		2/2/82	
Technician		GRO-C	
Haematologist		GRO-C	

ADDRESSOGRAPH LABEL		OR	
SURNAME (BLOCK LETTERS)	GRO-B	DATE OF BIRTH	GRO-B 69
FIRST NAMES	GRO-B	SEX	MALE
DOCTOR REQUESTING EXAM		REPORT TO BE RETURNED TO	
DR LUDLAM		HAEM.	

HAEMATOLOGY Form No. (01/223/2477)		Use Ball Pen Only Tick appropriate Green Blocks Do Not Bend Form	
(FOR LAB. USE ONLY)		Date Collected	15/2/82
		Time Collected	0830 h
		NEW PATIENT REPORTER	
		VENOUS/CAPILLARY BLOOD	
0562	DATE CODE	FOR NORMAL VALUES - SEE POCKET CARD	
4 0	LAB. No.	Clinical Details	
6 2		IF PRIVATE PATIENT TICK ☐	
4 4 2			
0 0 3			
2 0 4			
0 7	MCV fl		
0 7	MCH pg		
0 5	MCHC g/dl		
Film Report (FOR LAB. USE ONLY)			
Blast Cells %			
Promyelo %		wbc's mtd	
Myelo %			
Metamyelo %		Eos	
Neutro %		Anisocytosis, mild	
Lymph %		microcytosis	
Mono %		normochromic, mild	
Eosino %		Hypochromia	
Baso %			
Nucleated RBC/100WBC			
Howell-Jolly Bodies			
Basophilic Stippling		Plate - normal	
Blood Film		GRO-C	
Blood Spot			
LAP count		Film appears within normal limits	
Eosinophils %			
Magna Parasites		Date 6/2/82	
Hainz Bodies		Technician GRO-C	
BSS count		Haematologist	

ADDRESSOGRAPH LABEL		OR	
SURNAME (BLOCK LETTERS)	GRO-B	DATE OF BIRTH	GRO-B 69
FIRST NAMES	GRO-B	SEX	
DOCTOR REQUESTING EXAM		REPORT TO BE RETURNED TO	
Tennar		23	

THE ROYAL INFIRMARY OF EDINBURGH HEPATITIS REQUEST - V

JA 34080

BACT 42

GRO-B	CONSULTANT'S NAME <i>LUDLAM</i> Please complete		DOCTOR and destination for report if not ward/dept.
	Ward/Dept. <i>H/DEM</i>	IP <i>OP</i>	
	Date of admission		If phone report required please tick ☐ and give extension.
Date of onset of illness or duration in days 0 - 5; 6 - 10; 11 - 20; >21		Date of exposure	Previous report (tick) Date Positive ☐ Negative ☐
DIAGNOSIS OR REASON FOR REQUEST (Tick)		Tests to be performed	
Jaundice ☐ → Liver function test Abnormal ☐ Normal ☐ Not done ☐		Routine screen for	
Renal Dialysis ☐		Hepatitis B (Australia) antigen ☒	
Renal Transplant ☐		Other tests are available. Please contact laboratory	
Post-transfusion ☐ Tissue penetration ☐		URGENT SPECIMENS EXAMINED AT ANY TIME BY ARRANGEMENT ONLY.	
Staff screen ☐		For Lab. use. <i>2/2/82</i>	
Contact ☐ → Specify		Radioimmunoassay for hepatitis B surface antigen - NEGATIVE	
Other diagnosis or further information :- <i>Haemophilia</i>		GRO-C	
Specimen: 5ml. of clotted blood in tightly closed container. Place in plastic bag and seal specimen and form in second bag.			
Date and time taken <i>30/3/82</i>	Date and time received	Laboratory Number	

THE ROYAL INFIRMARY OF EDINBURGH HEPATITIS REQUEST - VIF

JA 35204

BACT 42

GRO-B	CONSULTANT'S NAME <i>GRO-C</i> Please complete		DOCTOR and destination for report if not ward/dept.
	Ward/Dept. <i>Haem</i>	IP <i>OP</i>	
	Date of admission		If phone report required please tick ☐ and give extension.
Date of onset of illness or duration in days 0 - 5; 6 - 10; 11 - 20; >21		Date of exposure	Previous report (tick) Date Positive ☐ Negative ☐
DIAGNOSIS OR REASON FOR REQUEST (Tick)		Tests to be performed	
Jaundice ☐ → Liver function test Abnormal ☐ Normal ☐ Not done ☐		Routine screen for	
Renal Dialysis ☐		Hepatitis B (Australia) antigen ☒	
Renal Transplant ☐		Other tests are available. Please contact laboratory	
Post-transfusion ☐ Tissue penetration ☐		URGENT SPECIMENS EXAMINED AT ANY TIME BY ARRANGEMENT ONLY.	
Staff screen ☐		For Lab. use.	
Contact ☐ → Specify		Radioimmunoassay for hepatitis B surface antigen - NEGATIVE	
Other diagnosis or further information :- <i>Haemophilia - neg. blood products</i>		2-6-82	
Specimen: 5ml. of clotted blood in tightly closed container. Place in plastic bag and seal specimen and form in second bag.		GRO-C	
Date and time taken	Date and time received	Laboratory Number	

THE ROYAL

FOR INPATIENTS

(FOR LAB. USE ONLY)

LAB No. 20

TEST RESULTS

1: PROTHROMBIN TIME RATIO

s: THROMBIN TIME C s

s: PTTK C s

FIBRINOGEN (Factor I) g/l

F.D.P.s. mg/l

E.L.T. min

Clotting factor Assay %

Bleeding Time (Ivy) min

Platelets $\times 10^9/l$

A.N.F.

LE cells

Pharm. Hb

Serum Hb

Serum albumin

Serum globulin

Serum total protein

Serum electrolytes

RBC folate $\mu g/l$

Schilling without/with I.F. %

BONE MARROW

(FOR LAB. USE ONLY)

Do Not Bend Form

Date Collected

Time Collected 21.6.82

NEW PATIENT/REPORTER

CLOTTED/ANTICOAGULATED BLOOD

PLEASE NOTE

GREEN BLOCKS—
Unrestricted TestWHITE BLOCKS—
By arrangement with lab. onlyUSE SEPARATE FORM
FOR EACH SECTIONFOR NORMAL VALUES
— SEE POCKET CARD

Clinical Details

HAEMOPHILIA
INHIBITOR PTTKPlease enter name of
Haematologist authorising test

INHIBITOR PTTK 37°C/1hr
 CONTROL 32 s
 PATIENT 64 s
 MIXTURE 34 s

Date 22.6.82
Technician

Haematologist

GRO-C

ADDRESSOGRAPH LABEL

GRO-B

E OF BIRTH

M/F
RETURNED TO

HAEMATOPATHY

M5

9

8

7

6

5

4

3

THE ROYAL INFIRMARY OF EDINBURGH HEPATITIS REQUEST - VIROLOGY

Use patient data label	GRO-B	CONSULTANT'S NAME Please complete Ward/Dept. HAEMATOLOGY	DOCTOR REQUESTING (block letters) and destination for report if not ward/dept. HAEMATOLOGY
		Date of admission	If phone report required please tick ☐ and give extension.
Date of onset of illness or duration in days 1 - 5; 6 - 10; 11 - 20; >21	Date of exposure	Previous report (tick) Date Positive ☐ Negative ☐	
DIAGNOSIS OR REASON FOR REQUEST (Tick) Jaundice ☐ → Liver function test Abnormal ☐ Normal ☐ Not done ☐ Renal Dialysis ☐ Renal Transplant ☐ Post-transfusion ☐ Tissue penetration ☐ Staff screen ☐ Contact ☐ → Specify Other diagnosis or further information :- HAEMOPHILIA		Tests to be performed Routine screen for Hepatitis B (Australia) antigen ☒ and antibody ☒ Other tests are available. Please contact laboratory URGENT SPECIMENS EXAMINED AT ANY TIME BY ARRANGEMENT ONLY. For Lab. use. Radioimmunoassay for hepatitis B surface antigen - NEGATIVE 22.6.82	
Specimen: 5ml. of clotted blood in tightly closed container. Place in plastic bag and seal specimen and form in second bag.		GRO-C	
Date and time taken 22/6	Date and time received 22/6	Laboratory Number	

THE ROYAL INFIRMARY OF EDINBURGH HEPATITIS REQUEST - VIROLOGY

Use patient data label	GRO-B	[M] CONSULTANT'S NAME Please complete Ward/Dept. 23	DOCTOR REQUESTING (block letters) and destination for report if not ward/dept. TENNANT
		Date of admission Feb 83	If phone report required please tick ☐ and give extension.
Date of onset of illness or duration in days 0 - 5; 6 - 10; 11 - 20; >21	Date of exposure	Previous report (tick) Date 22/2/83 Positive ☐ Negative ☒	
DIAGNOSIS OR REASON FOR REQUEST (Tick) Jaundice ☐ → Liver function test Abnormal ☐ Normal ☐ Not done ☐ Renal Dialysis ☐ Renal Transplant ☐ Post-transfusion ☐ Tissue penetration ☐ Staff screen ☐ Contact ☐ → Specify Other diagnosis or further information :- Haemophilia on mult. blood products		Tests to be performed +Abs Routine screen for Hepatitis B (Australia) antigen ☒ Other tests are available. Please contact laboratory URGENT SPECIMENS EXAMINED AT ANY TIME BY ARRANGEMENT ONLY. For Lab. use. Radioimmunoassay for hepatitis B surface antigen - NEGATIVE 1/3	
Specimen: 5ml. of clotted blood in tightly closed container. Place in plastic bag and seal specimen and form in second bag.		GRO-C	
Date and time taken 28/2/83	Date and time received 1.3.83	Laboratory Number	

WITN223247
(FOR LAB USE ONLY)

Date Collected **20/7/82**
Time Collected **16²⁰ h**

LAB No. **C16**

TEST RESULTS

1	PROTHROMBIN TIME RATIO	
s	THROMBIN TIME	C s
s	PTTK	C s
	FIBRINOGEN (mg/dl)	
	F.D.P.s.	mg/l
	E.L.T.	min
	Clotting factor	Assay %
	Bleeding Time (Ivy)	min
	Platelet Count	
	LE cells	
	RBC folate	µg/l
	Schilling without/with I.F.	%
	BONE MARROW	

PLEASE NOTE

GREEN BLOCKS—Unrestricted Test
WHITE BLOCKS—By arrangement with lab. only

USE SEPARATE FORM FOR EACH SECTION
FOR NORMAL VALUES—SEE POCKET CARD

Clinical Details

If Private Patient Tick ☐

Plasma for storage
Ink PTTK

Please enter name of Haematologist authorising test

(FOR LAB. USE ONLY)

Inhibitor PTTK.
Patient - 44secs
Control - 30secs
SO:SO MIX - 33secs

WITN223247
(FOR LAB USE ONLY)

Date Collected **18/5/82**
Time Collected **h**

LAB No. **24**

TEST RESULTS

1	PROTHROMBIN TIME RATIO	
s	THROMBIN TIME	C s
s	PTTK	C s
	FIBRINOGEN (mg/dl)	
	F.D.P.s.	mg/l
	E.L.T.	min
	Clotting factor	Assay %
	Bleeding Time (Ivy)	min
	Platelet Count	
	LE cells	
	RBC folate	µg/l
	Schilling without/with I.F.	%
	BONE MARROW	

PLEASE NOTE

GREEN BLOCKS—Unrestricted Test
WHITE BLOCKS—By arrangement with lab. only

USE SEPARATE FORM FOR EACH SECTION
FOR NORMAL VALUES—SEE POCKET CARD

Clinical Details

If Private Patient Tick ☐

Plasma for storage
Ink PTTK

Please enter name of Haematologist authorising test

(FOR LAB. USE ONLY)

INHIBITOR PTTK (37°C / 1hr)
CONTROL - 32 - S
PATIENT - 65 - S
SO:SO MIX - 37 - S

Date **1/7**
Technician **GRO-C**
Haematologist

ADDRESSOGRAPH LABEL OR

SURNAME (BLOCK LETTERS) **GRO-B** DATE OF BIRTH **69**

FIRST **GRO-B**

DOCTOR REQUESTING EXAM **GRO-B** REPORT TO BE RETURNED TO **Haematology**

Date **18/5/82**
Technician **GRO-C**
Haematologist

ADDRESSOGRAPH LABEL OR

SURNAME (BLOCK LETTERS) **GRO-B** DATE OF BIRTH **69**

FIRST **GRO-B**

DOCTOR REQUESTING EXAM **GRO-C** REPORT TO BE RETURNED TO **GRO-C**

HAEMATOLOGY FORM Tel. No. 03-223 2472		Use Ball Pen Only Tick appropriate Green Blocks Do Not Bend Form	
(FOR LAB. USE ONLY)		Date Collected <u>21m</u>	
20.07.82		Time Collected <u>h</u>	
DATE CODE		NEW PATIENT/REPORTED	
LAB. No.		VENOUS/CAPILLARY BLOOD	
WBC $\times 10^9/l$		FOR NORMAL VALUES - SEE POCKET CARD	
RBC $\times 10^{12}/l$		Clinical Details	
Hb g/dl		IF PRIVATE PATIENT TICK ☒	
Hct %		Haemophiles	
MCV fl			
MCH pg			
MCHC g/dl		320	
Film Report (FOR LAB. USE ONLY)			
Blast Cells %			
Promyelo %			
Myelo %			
Metamyelo %			
Neutro %			
Lymph %			
Mono %			
Eosino %			
Baso %			
Nucleated RBC/100 WBC			
Howell-Jolly Bodies			
Basophilic Stippling			
Blood Film			
Monospot			
LAP score			
Eosinophils $\times 10^9/l$			
Metan Parasites			
Heinz Bodies			
Hb Screen			
Film appears within normal limits			
Date <u>21.7.82</u>		Technician	
		Haematologist	
		GRO-C	

ADDRESSOGRAPH LABEL		OR	
SURNAME (BLOCK LETTERS)	GRO-B	DATE OF BIRTH	GRO-B
FIRST NAME	GRO-B	SEX	M/F
DOCTOR REQUESTING EXAM		REPORT TO BE RETURNED TO	
<u>Wigan</u>		<u>Haem Sec.</u>	

HAEMATOLOGY FORM Tel. No. 03-223 2472		Use Ball Pen Only Tick appropriate Green Blocks Do Not Bend Form	
(FOR LAB. USE ONLY)		Date Collected <u>6.12.83</u>	
0037 '83 FEB		Time Collected <u>14.30</u>	
DATE CODE		NEW PATIENT/REPORTED	
LAB. No.		VENOUS/CAPILLARY BLOOD	
WBC $\times 10^9/l$		FOR NORMAL VALUES - SEE POCKET CARD	
RBC $\times 10^{12}/l$		Clinical Details	
Hb g/dl		IF PRIVATE PATIENT TICK ☐	
Hct %		Haemophiles	
MCV fl		? Psoriasis	
MCH pg		Heard	
MCHC g/dl		approved	
		C.D. Simpson	
Film Report (FOR LAB. USE ONLY)			
Blast Cells %			
Promyelo %			
Myelo %			
Metamyelo %			
Neutro %			
Lymph %			
Mono %			
Eosino %			
Baso %			
Nucleated RBC/100 WBC			
Howell-Jolly Bodies			
Basophilic Stippling			
Blood Film			
Monospot			
LAP score			
Eosinophils $\times 10^9/l$			
Metan Parasites			
Heinz Bodies			
Hb Screen			
Film appears within normal limits			
Date <u>6.12.83</u>		Technician	
		Haematologist	
		GRO-C	

ADDRESSOGRAPH LABEL		OR	
SURNAME (BLOCK LETTERS)	GRO-B	DATE OF BIRTH	GRO-B
FIRST NAME	GRO-B	SEX	M/F
DOCTOR REQUESTING EXAM		REPORT TO BE RETURNED TO	
<u>GRO-C</u>		<u>23</u>	

HAEMATOLOGY R.F.C. Tel. No. 031-228 2477		Use Ball Pen Only Tick appropriate Green Blocks Do Not Bend Form	
(FOR LAB. USE ONLY)		Date Collected 18/5/82	
18-		Time Collected h	
		NEW PATIENT/REPORTER	
		VENOUS/CAPILLARY BLOOD	
1 3 4	DATE CODE	FOR NORMAL VALUES - SEE POCKET CARD	
0 1 8	LAB. No.	Clinical Details	
0 0 0	WBC	IF PRIVATE PATIENT TICK ☐	
5 0 0	RBC		
1 0 7	Hb		
0 0 3	Hct		
0 0 8	MCV fl	Vill del	
0 0 1	MCH pg		
0 0 1	MCHC g/dl		
Film Report (FOR LAB. USE ONLY)			
Retic %			
Platelets x10 ⁹ /l			
ESR (mm/hr)			
Differential			
Blast Cells %			
Promyelo %			
Myelo %			
Metamyelo %			
Neutro %			
Lymph %			
Mono %			
Eosino %			
Baso %			
Nucleated RBC/100WBC			
Howell-Jolly Bodies			
Basophilic Stippling			
Blood Film			
Monospot			
LAP score		Film appears within normal limits	
Eosinophil % x10 ⁹ /l			
Malaria Parasites		Date 18/5/82	
Hain Bodies		Technician	
H&S screen		Haematologist	

ADDRESS		DATE OF BIRTH	
SURNAME		GRO-B	
FIRST NAME		GRO-B	
DOCTOR		GRO-B	
RETURNED TO		Haem Sec	

HAEMATOLOGY R.F.C. Tel. No. 031-228 2477		Use Ball Pen Only Tick appropriate Green Blocks Do Not Bend Form	
(FOR LAB. USE ONLY)		Date Collected 17/8/82	
16-		Time Collected h	
		NEW PATIENT/REPORTER	
		VENOUS/CAPILLARY BLOOD	
	DATE CODE	FOR NORMAL VALUES - SEE POCKET CARD	
16-	LAB. No.	Clinical Details	
4.9	WBC	IF PRIVATE PATIENT TICK ☐	
4.83	RBC	Haemophilic	
12.4	Hb		
0.392	Hct		
81	MCV fl		
25.6	MCH pg		
31.6	MCHC g/dl	29.8	
Film Report (FOR LAB. USE ONLY)			
Retic %			
Platelets x10 ⁹ /l			
ESR (mm/hr)			
Differential			
Blast Cells %			
Promyelo %			
Myelo %			
Metamyelo %			
Neutro %			
Lymph %			
Mono %			
Eosino %			
Baso %			
Nucleated RBC/100WBC			
Howell-Jolly Bodies			
Basophilic Stippling			
Blood Film			
Monospot			
LAP score		Film appears within normal limits	
Eosinophil % x10 ⁹ /l			
Malaria Parasites		Date 17/8/82	
Hain Bodies		Technician	
H&S screen		Haematologist	

ADDRESS		DATE OF BIRTH	
SURNAME		GRO-B	
FIRST NAME		GRO-B	
DOCTOR		GRO-B	
RETURNED TO		Dr Ludlam Haem	

Use Ball Pen Only Tick appropriate Green Blocks Do Not Bend Form		NUMBER	
Date Collected 7/28 Time Collected 0830 h NEW PATIENT REPORTER (FOR LAB. USE ONLY)		Date Collected 28/9/82 Time Collected h NEW PATIENT REPORTER (FOR LAB. USE ONLY)	
DATE CODE 0628 '83 FEB		DATE CODE 28.09.82	
LAB. No. WBC $\times 10^9/l$ RBC $\times 10^{12}/l$ Hb g/dl Hct % MCV fl MCH pg MCHC g/dl		LAB. No. WBC $\times 10^9/l$ RBC $\times 10^{12}/l$ Hb g/dl Hct % MCV fl MCH pg MCHC g/dl	
Clinical Details IF PRIVATE PATIENT TICK ☐		Clinical Details IF PRIVATE PATIENT TICK ☒	
Film Report (FOR LAB. USE ONLY)		Film Report (FOR LAB. USE ONLY)	
Retic % Platelets $\times 10^9/l$ ESR mm/hr Differential Blast Cells % Promyelo % Myelo % Metamyelo % Neutro % Lymph % Mono % Eosino % Baso % Nucleated RBC/100WBC Howell-Jolly Bodies Basophilic Stippling Blood Film Monospot LAP score Eosinophils $\times 10^9/l$ Malaria Parasites Heinz Bodies HbS screen		Retic % Platelets $\times 10^9/l$ ESR mm/hr Differential Blast Cells % Promyelo % Myelo % Metamyelo % Neutro % Lymph % Mono % Eosino % Baso % Nucleated RBC/100WBC Howell-Jolly Bodies Basophilic Stippling Blood Film Monospot LAP score Eosinophils $\times 10^9/l$ Malaria Parasites Heinz Bodies HbS screen	
GRO-C		GRO-C	
Date 28/9/82 Technician SV Haematologist		Date 29/9/82 Technician SV Haematologist	
ADDRESSOGRAPH LABEL SURNAME GRO-B FIRST NAME GRO-B DOCTOR REQUESTING EXAM Dr Ludlam REPORT TO BE RETURNED TO Haem.		ADDRESSOGRAPH LABEL SURNAME GRO-B FIRST NAME GRO-B DOCTOR REQUESTING EXAM Dr Ludlam REPORT TO BE RETURNED TO Haem.	

HAEMATOLOGY FORM Tel. No. 031-223 2472		Use Ball Pen Only Tick appropriate Green Blocks Do Not Bend Form	
(FOR LAB. USE ONLY)		Date Collected <u>20.07.82</u>	
<u>21m.</u>		Time Collected <u>h</u>	
		NEW PATIENT/RE-ENTER	
		VENOUS/CAPILLARY BLOOD	
20.07.82	DATE CODE	FOR NORMAL VALUES - SEE POCKET CARD	
21m	LAB. No.	Clinical Details	
044	WBC $\times 10^9/l$	IF PRIVATE PATIENT TICK ☒	
493	RBC $\times 10^{12}/l$		
123	Hb g/dl	<u>Haemophiles</u>	
398	Hct %		
081	MCV fl		
260	MCH pg		
31.0	MCHC g/dl	320	
Film Report (FOR LAB. USE ONLY)			
Blast Cells %			
Promyelo %			
Myelo %			
Metamyelo %			
Neutro %			
Lymph %			
Mono %			
Eosino %			
Baso %			
Nucleated RBC/100WBC			
Howell-Jolly Bodies			
Basophilic Stippling			
Blood Film			
Monospot			
EAP score			
Eosinophils $\times 10^9/l$			
Metastatic Parasites			
Heinz Bodies			
HbS screen			
Film appears within normal limits			
Date <u>21.7.82</u>		Technician <u>GRO-C</u>	
		Haematologist <u>GRO-C</u>	

ADDRESSOGRAPH LABEL		OR	
SURNAME (BLOCK LETTERS)	DATE OF BIRTH	GRO-B	GRO-B
FIRST NAMES	SEX	GRO-B	M/F
DOCTOR REQUESTING EXAM		REPORT TO BE RETURNED TO	
<u>Wigan</u>		<u>Haem Sec.</u>	

HAEMATOLOGY FORM Tel. No. 031-223 2472		Use Ball Pen Only Tick appropriate Green Blocks Do Not Bend Form	
(FOR LAB. USE ONLY)		Date Collected <u>6.12.83</u>	
		Time Collected <u>14.30</u>	
		NEW PATIENT/RE-ENTER	
		VENOUS/CAPILLARY BLOOD	
037	DATE CODE	FOR NORMAL VALUES - SEE POCKET CARD	
037	LAB. No.	Clinical Details	
064	WBC $\times 10^9/l$	IF PRIVATE PATIENT TICK ☐	
483	RBC $\times 10^{12}/l$	<u>Haemophiles</u>	
127	Hb g/dl	<u>? Psoas</u>	
379	Hct %	<u>Heard</u>	
070	MCV fl	<u>approved</u>	
250	MCH pg	<u>CD Simpson</u>	
335	MCHC g/dl		
Film Report (FOR LAB. USE ONLY)			
Blast Cells %			
Promyelo %			
Myelo %			
Metamyelo %			
Neutro %			
Lymph %			
Mono %			
Eosino %			
Baso %			
Nucleated RBC/100WBC			
Howell-Jolly Bodies			
Basophilic Stippling			
Blood Film			
Monospot			
EAP score			
Eosinophils $\times 10^9/l$			
Metastatic Parasites			
Heinz Bodies			
HbS screen			
Film appears within normal limits			
Date <u>6.12.83</u>		Technician <u>GRO-C</u>	
		Haematologist <u>GRO-C</u>	

ADDRESSOGRAPH LABEL		OR	
SURNAME (BLOCK LETTERS)	DATE OF BIRTH	GRO-B	GRO-B
FIRST NAMES	SEX	GRO-B	M/F
DOCTOR REQUESTING EXAM		REPORT TO BE RETURNED TO	
<u>GRO-C</u>		<u>23</u>	

VIROLOGY

THE ROYAL INFIRMARY OF EDINBURGH

FOR UNIVERSITY of EDINBURGH

Lab No : 674/3/84

NUMBER

NAME

DEPARTMENT of BACTERIOLOGY

Patient No :

Surname :

Forename(s) :

D. of B. :

GRO-B

GRO-B

59 Sex : M

Report to : CAL / CRAIG

Location : W23 - RIE

Specimen : Blood-Clotted JA48418 reported on 30MAR84

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE PRELIMINARY REPORT

Blood-Clotted

Taken on 29-Mar-84

DR J F PEUTHERER

HEPATITIS REFERENCE LAB.

Specimens: Blood

Date taken 7.2.83

Spec. No. JA 39828

SURNAME

GRO-B

First Name

GRO-B

CONSULTANT

Ward/Dept.

Dr Ludlam

Doctor requesting and destination for report (if not above)

23

Date of Birth

GRO-B 69

Further ReportRIA: Antibody to HBsAg Moderate positive

PO'R 16.2.83

GRO-C

Bact. 43

Signature

THE ROYAL INFIRMARY OF EDINBURGH

VIROLOGY REPORT

THE ROYAL INFIRMARY		HEPATITIS REQUEST - VIROLOGY		42
Use patient data label	GRO-C	PATIENT'S NAME LUDLAM		DOCTOR RE and destination for report if not ward/ dept.
		Please complete Ward/Dept. 23		IP/OP TENNANT W.D. 23
		Date of admission 6/2/83		If phone report required please tick ☐ and give extension.
Date of onset of illness or duration in days 0 - 5; 6 - 10; 11 - 20; >21		Date of exposure	Previous report (tick) Date 22/6/82 Positive ☐ Negative ☒	
DIAGNOSIS OR REASON FOR REQUEST (Tick)		Tests to be performed + Abs		
Jaundice ☐ Liver function test Abnormal ☐ Normal ☐ Not done ☐		Routine screen for		
Renal Dialysis ☐		Hepatitis B (Australia) antigen ☒		
Renal Transplant ☐		Other tests are available. Please contact laboratory		
Post-transfusion ☐ Tissue penetration ☐		URGENT SPECIMENS EXAMINED AT ANY TIME BY ARRANGEMENT ONLY.		
Staff screen ☐		For Lab. use. 8-2		
Contact ☐ Specify		Radioimmunoassay for hepatitis B surface antigen - NEGATIVE		
Other diagnosis or further information :- Haemophilia		GRO-C		
Specimen: 5ml. of clotted blood in tightly closed container. Place in plastic bag and seal specimen and form in second bag.		Laboratory Number		
Date and time taken 7/2/83		Date and time received		

THE ROYAL INFIRMARY OF EDINBURGH		HEPATITIS REQUEST - VIROLOGY		42
GRO-B	name	CONSULTANT'S NAME LUDLAM		DOCTOR RE and destination for report if not ward/ dept.
		Please complete Ward/Dept. B1. C1.		IP/OP LUDLAM
		Date of admission		If phone report required please tick ☐ and give extension.
Date of birth GRO-B 69 Sex M		Previous report (tick) Date Positive ☐ Negative ☐		
Address if date of birth not available		Tests to be performed		
Date of onset of illness duration in days 5; 6 - 10; 11 - 20; >21		Routine screen for		
DIAGNOSIS OR REASON FOR REQUEST (Tick)		Hepatitis B (Australia) antigen ☒		
Jaundice ☐ Liver function test Abnormal ☐ Normal ☐ Not done ☐		Other tests are available. Please contact laboratory		
Renal Dialysis ☐		URGENT SPECIMENS EXAMINED AT ANY TIME BY ARRANGEMENT ONLY.		
Renal Transplant ☐		For Lab. use.		
Post-transfusion ☐ Tissue penetration ☐		Radioimmunoassay for hepatitis B surface antigen - NEGATIVE		
Staff screen ☐		GRO-C		
Contact ☐ Specify		Laboratory Number		
Other diagnosis or further information :- Haemoph		Date and time received		
Specimen: 5ml. of clotted blood in tightly closed container. Place in plastic bag and seal specimen and form in second bag.		Date and time taken		

Use Ball Pen Only Tick appropriate Green Blocks Do Not Bend Form		NUMBER	Use Ball Pen Only Tick appropriate Green Blocks Do Not Bend Form	
(FOR LAB. USE ONLY)			(FOR LAB. USE ONLY)	
Date Collected 7/28			Date Collected 28/9/82	
Time Collected 0830 h			Time Collected h	
PATIENT/REPORTER			PATIENT/REPORTER	
VENOUS/CAPILLARY			VENOUS/CAPILLARY	
DATE CODE			DATE CODE	
LAB. No.			LAB. No.	
Clinical Details			Clinical Details	
IF PRIVATE PATIENT TICK			IF PRIVATE PATIENT TICK	
WBC x10 ⁹ /l		28.09.82	WBC x10 ⁹ /l	
RBC x10 ¹² /l		20m	RBC x10 ¹² /l	
Hb g/dl		05.6	Hb g/dl	
Hct %		49.4	Hct %	
MCV fl		12.6	MCV fl	
MCH pg		39.1	MCH pg	
MCHC g/dl		07.9	MCHC g/dl	
		25.5		
		32.3		
Film Report (FOR LAB. USE ONLY)			Film Report (FOR LAB. USE ONLY)	
Retic %			Retic %	
Platelets x10 ⁹ /l			Platelets x10 ⁹ /l	
ESR mm/hr			ESR mm/hr	
Differential			Differential	
Blast Cells %			Blast Cells %	
Promyelo %			Promyelo %	
Myelo %			Myelo %	
Metamyelo %			Metamyelo %	
Neutro %			Neutro %	
Lymph %			Lymph %	
Mono %			Mono %	
Eosino %			Eosino %	
Baso %			Baso %	
Nucleated RBC/100WBC			Nucleated RBC/100WBC	
Howell-Jolly Bodies			Howell-Jolly Bodies	
Basophilic Stippling			Basophilic Stippling	
Blood Film			Blood Film	
Monospot			Monospot	
LAP score			LAP score	
Eosinophils x10 ⁹ /l			Eosinophils x10 ⁹ /l	
Malaria Parasites			Malaria Parasites	
Heinz Bodies			Heinz Bodies	
HbS screen			HbS screen	
Date			Date	
Technician			Technician	
Haematologist			Haematologist	
GRO-C			GRO-C	
GRO-B			GRO-B	
GRO-C: W.G. Tennant			GRO-C: W.G. Tennant	
BIRTH			BIRTH	
M/F			M/F	
DOCTOR REQUESTING EXAM			DOCTOR REQUESTING EXAM	
REPORT TO BE RETURNED TO			REPORT TO BE RETURNED TO	
Dr. Ludlam			Dr. Ludlam	
Haem.			Haem.	

HAEMA

THE ROYAL

FOR INPA

8-2-83

LAB No. C9/C20

TEST RESULTS

PTTK C

F.D.P.s

E.C.T. mg/l

Clotting factor VIII Assay %

Bleeding Time (Ivy) min

LE cells

RBC folate

Schilling without/with I.F. %

Time Collected 0830 h

NEW PATIENT REPORTED

CLOTTED/ED/ANTICOAGULATED BLOOD

PLEASE NOTE

GREEN BLOCKS—Unrestricted Test

WHITE BLOCKS—By arrangement with lab. only

USE SEPARATE FORM FOR EACH SECTION

FOR NORMAL VALUES—SEE POCKET CARD

Clinical Details

If Private Patient Tick ☐

Haemophilic on factor VIII

① Pre

② 1/2 hr post

Factor VIII C

PRE 0.52 u/ml

POST 0.86 u/ml

GRO-C

Date

Technician

Haematologist

GRO-C

ADDRESSOGRAPH LABEL

GRO-B

OR

DATE

BIRTH

GRO-B 69

REPORT TO BE RETURNED TO

TENNANT

23

Haem Sec

THE ROYAL INFIRMARY OF EDINBURGH		HEPATITIS REQUEST - VIROLOGY		BACT 42	
Use patient data label S D A	GRO-B	[M] CONSULTANT'S NAME <i>Ludlam</i>		DOCTOR F. JA 40102 (attends ward/ dept.)	
		Please complete Ward/Dept. <i>23</i> IP/OP <i>OP</i>		Tennant	
Date of onset of illness or duration in days 0 - 5; 6 - 10; 11 - 20; >21		Date of exposure		Previous report (tick) Date Positive ☐ Negative ☐	
DIAGNOSIS OR REASON FOR REQUEST (Tick) Jaundice ☐ → Liver function test Abnormal ☐ Normal ☐ Not done ☐ Renal Dialysis ☐ Renal Transplant ☐ Post-transfusion ☐ Tissue penetration ☐ Staff screen ☐ Contact ☐ → Specify Other diagnosis or further information :- <i>Hemophilia</i>		Tests to be performed + Antibody Routine screen for Hepatitis B (Australia) antigen ☒ Other tests are available. Please contact laboratory URGENT SPECIMENS EXAMINED AT ANY TIME BY ARRANGEMENT ONLY. For Lab. use, Radioimmunoassay for hepatitis B surface antigen - NEGATIVE <i>16/2</i>		GRO-C	
Specimen: 5ml. of clotted blood in tightly closed container. Place in plastic bag and seal specimen and form in second bag.		Laboratory Number			
Date and time taken <i>23/12/83</i>		Date and time received			

THE ROYAL INFIRMARY OF EDINBURGH		HEPATITIS REQUEST - VIROLOGY		JA 34952	
Use patient data label S D A	GRO-B	CONSULTANT'S NAME <i>Ludlam</i>		DOCTOR REQUEST (attends ward/ dept.)	
		Please complete Ward/Dept. <i>HAGM</i> IP/OP <i>OP</i>			
Date of onset of illness or duration in days 0 - 5; 6 - 10; 11 - 20; >21		Date of exposure		Previous report (tick) Date Positive ☐ Negative ☐	
DIAGNOSIS OR REASON FOR REQUEST (Tick) Jaundice ☐ → Liver function test Abnormal ☐ Normal ☐ Not done ☐ Renal Dialysis ☐ Renal Transplant ☐ Post-transfusion ☐ Tissue penetration ☐ Staff screen ☐ Contact ☐ → Specify Other diagnosis or further information :- <i>Hemophilia</i>		Tests to be performed Routine screen for Hepatitis B (Australia) antigen ☐ Other tests are available. Please contact laboratory URGENT SPECIMENS EXAMINED AT ANY TIME BY ARRANGEMENT ONLY. For Lab. use, Radioimmunoassay for hepatitis B surface antigen - NEGATIVE <i>17.5.82</i>		GRO-C	
Specimen: 5ml. of clotted blood in tightly closed container. Place in plastic bag and seal specimen and form in second bag.		Laboratory Number			
Date and time taken		Date and time received <i>18/5/82</i>			

15/2/83

LAB No. C10

TEST RESULTS

GRO-C	
1	PROTHR
s	THROMBIN TIME
s	PTTK
	FIBRINOGEN
	F.D.P.s.
	E.L.T.
	Clotting factor
	Bleeding Time
	Platelets $\times 10^9/l$
	LE cells
	Plasma
	Serum
	Haemoglobin
	Serum
	Albumin
	Me/Sulphamethoxazole
	Serum B ₁₂
	Serum folic acid
	RBC folic acid
	Schilling
	without/with I.F.
	BONE MARROW

Time Collected 1830 h

NAME

CLINICAL DETAILS

PLEASE NOTE

GREEN BLOCKS—Unrestricted Test

WHITE BLOCKS—By arrangement with lab. only

USE SEPARATE FORM FOR EACH SECTION

FOR NORMAL VALUES—SEE POCKET CARD

Clinical Details

If Private Patient Tick ☐

Haemophilia

Pre post

Please enter name of Haematologist authorising test

(FOR LAB. USE ONLY)

BIOLOGICAL FACTOR VIII LEVEL

PRE SAMPLE 0.32 μml^{-1}

POST SAMPLE 0.64 μml^{-1}

GRO-C

RESULT PHONED 1620

DATE 15/2 MB INITIALS

GRO-C

Date / /

Technician

Haematologist

ADDRESS

SURNAME

FIRST

DOCTOR

GRO-B

[M] RTH

IED TO

Tennant 23

HAEMATOCENTRIFUGE Form No. 031-229-277		Use Ball Pen Only Tick appropriate Green Blocks Do Not Bend Form	
(FOR LAB. USE ONLY)		Date Collected	1/15/82
		Time Collected	h
		NEW PATIENT REPORTER	
		VENOUS/CAPILLARY BLOOD	
0755		FOR NORMAL VALUES - SEE POCKET CARD	
1 5 2	DATE CODE	Clinical Details	
7 5 5	LAB. No.	IF PRIVATE PATIENT TICK ☐	
0 4 5			
4 9 5			
1 3 0			
3 8 9			
0 7 9	MCV fl		
2 6 5	MCH pg		
3 3 4	MCHC g/dl		
Film Report (FOR LAB. USE ONLY)			
Blast Cells %			
Promyelo %			
Myelo %			
Metamyelo %			
Neutro %			
Lymph %			
Mono %			
Eosino %			
Baso %			
Nucleated RBC/100WBC			
Howell-Jolly Bodies			
Basophilic Stippling			
Blood Film		Film appears within normal limits	
Date		2/2/87	
Technician		GRO-C	
Haematologist		GRO-C	

ADDRESSOGRAPH LABEL		OR	
SURNAME (BLOCK LETTERS)		DATE OF BIRTH	
GRO-B		GRO-B 69	
FIRST NAMES		SEX	
GRO-B		M	
DOCTOR REQUESTING EXAM		REPORT TO BE RETURNED TO	
DR LUDLAM		HAEM	

HAEMATOCENTRIFUGE Form No. 031-229-277		Use Ball Pen Only Tick appropriate Green Blocks Do Not Bend Form	
(FOR LAB. USE ONLY)		Date Collected	15/2/82
		Time Collected	0830 h
		NEW PATIENT REPORTER	
		VENOUS/CAPILLARY BLOOD	
0562		FOR NORMAL VALUES - SEE POCKET CARD	
4 8	DATE CODE	Clinical Details	
6 2	LAB. No.	IF PRIVATE PATIENT TICK ☐	
4 4 2			
2 2 2			
2 7	MCV fl		
2 4	MCH pg		
2 5	MCHC g/dl		
Film Report (FOR LAB. USE ONLY)			
Blast Cells %			
Promyelo %			
Myelo %			
Metamyelo %			
Neutro %			
Lymph %			
Mono %			
Eosino %			
Baso %			
Nucleated RBC/100WBC			
Howell-Jolly Bodies			
Basophilic Stippling			
Blood Film		Film appears within normal limits	
Date		15/2/87	
Technician		GRO-C	
Haematologist		GRO-C	

ADDRESSOGRAPH LABEL		OR	
SURNAME (BLOCK LETTERS)		DATE OF BIRTH	
GRO-B		GRO-B 69	
FIRST NAMES		SEX	
GRO-B		M	
DOCTOR REQUESTING EXAM		REPORT TO BE RETURNED TO	
Tennar		23	

THE ROYAL INFIRMARY OF EDINBURGH HEPATITIS REQUEST - VIROLOGIA 40207-42

Use patient data label	SUR	[M] CONSULTANT'S NAME <i>LUDLAM</i> Please complete Ward/Dept. <i>23</i> <i>IP</i> <i>OP</i> Date of admission	DOCTOR REQUESTING (Block letters) and destination for report if not ward/ dept. <i>TENNANT</i>
	Date		If phone report required please tick ☐ and give extension.
	Addr		
GRO-B			
Date of onset of illness or duration in days 0 - 5; 6 - 10; 11 - 20; >21		Date of exposure	Previous report (tick) Date <i>14/2</i> Positive ☐ Negative ☒
DIAGNOSIS OR REASON FOR REQUEST (Tick) Jaundice ☐ → Liver function test Abnormal ☐ Normal ☐ Not done ☐ Renal Dialysis ☐ Renal Transplant ☐ Post-transfusion ☐ Tissue penetration ☐ Staff screen ☐ Contact ☐ → Specify Other diagnosis or further information :- <i>Haemophilic</i> <i>Mult. Blood products</i>		Tests to be performed <i>anti body please</i> Routine screen for Hepatitis B (Australia) antigen ☒ Other tests are available. Please contact laboratory URGENT SPECIMENS EXAMINED AT ANY TIME BY ARRANGEMENT ONLY. For Lab. use. <i>Radioimmunoassay for</i> <i>hepatitis B surface</i> <i>antigen - NEGATIVE</i> <i>24/2</i>	
Specimen: 5ml. of clotted blood in tightly closed container. Place in plastic bag and seal specimen and form in second bag.		GRO-B	
Date and time taken <i>21/2/83 0830</i>	Date and time received <i>24/2</i>	Laboratory Number	

THE ROYAL INFIRMARY OF EDINBURGH HEPATITIS REQUEST - VIROLOGIA 41708

Use patient data label	GRO-B	CONSULTANT'S NAME <i>LUDLAM</i> Please complete Ward/Dept. <i>23</i> <i>IP</i> <i>OP</i> Date of admission	DOCTOR REQUESTING (Block letters) and destination for report if not ward/ dept. <i>HENNELL</i>
			If phone report required please tick ☐ and give extension.
Date of onset of illness or duration in days 0 - 5; 6 - 10; 11 - 20; >21		Date of exposure	Previous report (tick) Date Positive ☐ Negative ☐
DIAGNOSIS OR REASON FOR REQUEST (Tick) Jaundice ☐ → Liver function test Abnormal ☐ Normal ☐ Not done ☐ Renal Dialysis ☐ Renal Transplant ☐ Post-transfusion ☒ Tissue penetration ☐ Staff screen ☐ Contact ☐ → Specify Other diagnosis or further information :- <i>Haemophilia</i>		Tests to be performed Routine screen for Hepatitis B (Australia) antigen ☒ Other tests are available. Please contact laboratory URGENT SPECIMENS EXAMINED AT ANY TIME BY ARRANGEMENT ONLY. For Lab. use. <i>Radioimmunoassay for</i> <i>hepatitis B surface</i> <i>antigen - NEGATIVE</i> <i>3/5</i>	
Specimen: 5ml. of clotted blood in tightly closed container. Place in plastic bag and seal specimen and form in second bag.		GRO-C	
Date and time taken <i>21/5/83 8a</i>	Date and time received <i>3/5</i>	Laboratory Number	

COULTER COUNTER MODEL S PLUS II, III & IV
COULTER ELECTRONICS LTD, LUTON, BEDS.

TEST: ☐ CBC ☐ WBC ☒ Hgb ☐ Hct ☐ PLT ☐ PLT SIZE ☐ PLT DISTR. PLOT

PATIENT: _____ DATE: _____
NURSE: _____ REPORT BY: _____

26/06/84 TEST No. 097

SA	OP CODES	NORMAL VALUES	ROUTINE	EMERGENCY	OR IN AM
4.5	x10 ⁹ /L	WBC	M 7.0 ± 3.0	☐	☐
4.66	x10 ⁹ /L	RBC	M 5.4 ± 0.9	☐	☐
12.4	g/dL	Hgb	M 15.0 ± 2.0	☐	☐
37.0	RATIO	Hct	M 45 ± 0.7	☐	☐
79.3	fL	MCV	M 84 ± 7	☐	☐
26.6	pg	MCH	M 29.0 ± 3.0	☐	☐
33.5	g/dL	MCHC	M 34.0 ± 2.0	☐	☐
13.1	**	RDW	M 13.3 ± 2.4	☐	☐
363	x10 ⁹ /L	PLT	M 200 ± 150	☐	☐
342	%	Pct	M 254 ± 0.52	☐	☐
9.4	fL	MPV	M 8.9 ± 1.5	☐	☐
16.7	***	PDW	M 16.5 ± 1.0	☐	☐
46	%	LYMPH	M 28 ± 13	☐	☐
2.1	x10 ⁹ /L	LYMPH	M 2.0 ± 1	☐	☐

REMARKS: CLINICAL DX

☐ DIFFERENTIAL

* WINTROBE 7TH EDITION CORRECTED FOR 3% TRAPPED PLASMA (SEE 4C PLUS II ASSAY SHEET)

** INDEX OF THE RED CELL SIZE DISTRIBUTION WIDTH

*** INDEX OF PLATELET SIZE DISTRIBUTION WIDTH

+ PROVISIONAL

POLY	MORPH	1	2	3	4
BAND	POLYCHROM				
LYMPH	HYPOCHROM				
MONO	POIK				
EOS	TARGET				
BASO	SPHERO				
ATYP	ANISO				
LYMPH	MICRO				
META	MACRO				
MYELO	SICKLE CELLS				
PRO-MYELO	BASO STIP				
BLAST	VACUOLES				
	TOXIC GRAN				

MORPHOLOGY SYMBOLS
1. SLIGHT 3. MOD TO MARKED
2. MODERATE 4. MARKED

PT No. 9920037

HAEMATOLOGY
TAI 10/13/83

Use Ball Pen Only
Tick appropriate Green Blocks
Do Not Bend Form

DATE Collected 21/2/83
TIME Collected 0830 h

(FOR LAB. USE ONLY)

GRO-C

0514 '83 FEB

DATE CODE

LAB. No.

FOR NORMAL VALUES - SEE POCKET CARD

Clinical Details

IF PRIVATE PATIENT TICK ☐

Haemophilic Bleed.

MCV fL

MCH pg

MCHC g/dL

Retic %

Platelets x10⁹/L

ESR mm in 1h

Differential

Blast Cells %

Promyelo %

Myelo %

Metamyelo %

Neutro %

Lymph %

Mono %

Eosino %

Baso %

Nucleated RBC/100WBC

Howell-Jolly Bodies

Basophilic Stippling

Blood Film

Monospot

LAT score

ESR

Maltese Parasites

Hemoglobin

Hemoglobin

Film Report (FOR LAB. USE ONLY)

REC.

slight anisocytosis

mainly normochromic

some mild hypochromic

wbc's + platelets

NAD

GRO-C

Film appears within

Date 21/2/83

Technician

Haematologist

ADDRESSOGRAPH LABEL OR

SURNAME (BLOCK LETTERS) GRO-B

DATE OF BIRTH GRO-B 69

FIRST NAMES GRO-B

DOCTOR REQUESTING EXAM REPORT TO BE RETURNED TO

Tennant 23

THE ROYAL INFIRMARY OF EDINBURGH HEPATITIS REQUEST - VIROLOGY

GRO-B	CONSULTANT'S NAME Dr. Ludlam Please complete		DOCTOR REQUESTING (block letters) and destination for report if not ward/dept. HAEMATOLOGY
	Ward/Dept. HAEMATOLOGY	IP ☒ OP ☐	
Date of admission		If phone report required please tick ☐ and give extension.	
Date of onset of illness or duration in days 0 - 5; 6 - 10; 11 - 20; >21		Previous report (tick) Date Positive ☐ Negative ☐	
DIAGNOSIS OR REASON FOR REQUEST (Tick) Jaundice ☐ → Liver function test Abnormal ☐ Normal ☐ Not done ☐ Renal Dialysis ☐ Renal Transplant ☐ Post-transfusion ☐ Tissue penetration ☐ Staff screen ☐ Contact ☐ → Specify Other diagnosis or further information :- HAEMOPHILIA		Tests to be performed Routine screen for Hepatitis B (Australia) antigen ☒ <i>and antibody</i> Other tests are available. Please contact laboratory URGENT SPECIMENS EXAMINED AT ANY TIME BY ARRANGEMENT ONLY. For Lab. use. Radioimmunoassay for hepatitis B surface antigen - NEGATIVE 22.6.82	
Specimen: 5ml. of clotted blood in tightly closed container. Place in plastic bag and seal specimen and form in second bag.		Laboratory Number	
Date and time taken 22/6	Date and time received 22/6	GRO-C	

THE ROYAL INFIRMARY OF EDINBURGH HEPATITIS REQUEST - VIROLOGY

GRO-B	CONSULTANT'S NAME Dr. Ludlam Please complete		DOCTOR REQUESTING (block letters) and destination for report if not ward/dept. TENNANT
	Ward/Dept. 23	IP ☐ OP ☒	
Date of admission Feb 83		If phone report required please tick ☐ and give extension.	
Date of onset of illness or duration in days 0 - 5; 6 - 10; 11 - 20; >21		Previous report (tick) Date 22/2/83 Positive ☐ Negative ☒	
DIAGNOSIS OR REASON FOR REQUEST (Tick) Jaundice ☐ → Liver function test Abnormal ☐ Normal ☐ Not done ☐ Renal Dialysis ☐ Renal Transplant ☐ Post-transfusion ☐ Tissue penetration ☐ Staff screen ☐ Contact ☐ → Specify Other diagnosis or further information :- Haemophilia on mult. blood products		Tests to be performed +Ab_s Routine screen for Hepatitis B (Australia) antigen ☒ Other tests are available. Please contact laboratory URGENT SPECIMENS EXAMINED AT ANY TIME BY ARRANGEMENT ONLY. For Lab. use. Radioimmunoassay for hepatitis B surface antigen - NEGATIVE 1/3	
Specimen: 5ml. of clotted blood in tightly closed container. Place in plastic bag and seal specimen and form in second bag.		Laboratory Number	
Date and time taken 28/2/83	Date and time received 1.3.83	GRO-C	

Specimens: Blood		Date taken: 25.5.83	Spec. No. JA 41708
SURNAME GRO-B	First Name GRO-B	CONSULTANT Dr Ludlam	Ward/Dept. 23
Date of Birth: GRO-B 69		Doctor requesting and destination for report (if not above)	

Radioimmunoassay for hepatitis B surface antigen - NEGATIVE

Further Report

Radioimmunoassays for:

anti HBs - POSITIVE

anti HBc - POSITIVE

specific IgM anti HBc - NEGATIVE

Result indicates past infection with hepatitis B virus.

PO'R 30.5.83

GRO-C

Bact. 43

Signature

THE ROYAL INFIRMARY OF EDINBURGH

VIROLOGY REPORT

Specimens: Blood		Date taken: 28.2.83	Spec. No. JA 40380
SURNAME GRO-B	First Name GRO-B	CONSULTANT Dr Ludlam	Ward/Dept. 23
Date of Birth: GRO-B 69		Doctor requesting and destination for report (if not above)	

Radioimmunoassay for hepatitis B surface antigen - NEGATIVE

Further Report

Radioimmunoassays for:

anti HBs - POSITIVE

anti HBc - POSITIVE

specific IgM anti HBc - POSITIVE

Result suggests a recent infection.
Please repeat in 2 - 3 months.

PO'R 16.3.83

GRO-C

Bact. 43

Signature

THE ROYAL INFIRMARY OF EDINBURGH

VIROLOGY REPORT

WITN 223 2477
(FOR LAB. USE ONLY)

Tick appropriate Green Blocks
Do Not Bend Form

Date Collected / /
Time Collected h

NEW PATIENT/REPORTER
VENOUS/ARTERIAL/...
BLOOD

DATE CODE
LAB. No.

FOR NORMAL VALUES—
SEE POCKET CARD

Clinical Details
IF PRIVATE PATIENT TICK ☐

MCV fl
MCH pg
MCHC g/dl

Bleed %
Platelets x10⁹/l
ESR (West) mm/hr
Differential
Blast Cells %
Promyelo %
Myelo %
Metamyelo %
Neutro %
Lymph %
Mono %
Eosino %
Baso %
Nucleated RBC/100WBC
Howell-Jolly Bodies
Basophilic Stippling
Blood Film
Monospot
LAP score
Eosinophils x10⁹/l
Malaria Parasites
Heinz Bodies
HbS screen

Film Report (FOR LAB. USE ONLY)

Film appears within normal limits

Date / /
Technician
Haematologist

ADDRESSOGRAPH LABEL

GRO-B

OR

DATE OF BIRTH [M]

M/F

RETURNED TO

WITN 223 2477
(FOR LAB. USE ONLY)

Use Ball Pen Only
Tick appropriate Green Blocks
Do Not Bend Form

Date Collected 28/2/8
Time Collected h

NEW PATIENT/REPORTER
VENOUS/ARTERIAL/...
BLOOD

DATE CODE
LAB. No.

FOR NORMAL VALUES—
SEE POCKET CARD

Clinical Details
IF PRIVATE PATIENT TICK ☒

MCV fl
MCH pg
MCHC g/dl

Bleed %
Platelets x10⁹/l
ESR (West) mm/hr
Differential
Blast Cells %
Promyelo %
Myelo %
Metamyelo %
Neutro %
Lymph %
Mono %
Eosino %
Baso %
Nucleated RBC/100WBC
Howell-Jolly Bodies
Basophilic Stippling
Blood Film
Monospot
LAP score
Eosinophils x10⁹/l
Malaria Parasites
Heinz Bodies
HbS screen

Film Report (FOR LAB. USE ONLY)

Film appears within normal limits

Date / /
Technician
Haematologist

Haemophilic on FVIII

See one of the Pitts

Blair

GRO-C

ADDRESSOGRAPH LABEL

GRO-B

OR

DATE OF BIRTH [M]

M/F

RETURNED TO

DOCTOR REQUESTING EXAM REPORT TO BE RETURNED TO

Tennant

23

Do Not Bend Form

Date Collected 28/2/83

Time Collected h

NEW PATIENT/REPORTER

VENOUS/CAPILLARY BLOOD

059	DATE CODE	FOR NORMAL VALUES SEE POCKET CARD
604	LAB. No.	Clinical Details
036	WBC $\times 10^3/l$	IF PRIVATE PATIENT TICK ☐
467	RBC $\times 10^{12}/l$	Haemophilic on FVIII
126	Hb g/dl	
060	Hct	
077	MCV fl	
268	MCH pg	
340	MCHC g/dl	

	Ratio %	Film Report (FOR LAB. USE ONLY)
	Platelets $\times 10^9/l$	
	ESR (West) mm in 1h	
	Differential	
	Blast Cells %	
	Promyelo %	
	Myelo %	
	Metamyelo %	
63	Neutro %	
25	Lymph %	
9	Mono %	
3	Eosino %	
	Baso %	
	Nucleated RBC/100WBC	
	Howell-Jolly Bodies	
	Basophilic Stippling	
	Blood Film	
	Monospot	
	LAP score	Film appears within normal limits
	Eosinophils $\times 10^9/l$	
	Malaria Parasites Date	
	Heinz Bodies	Technician
	HbS screen	Haematologist

GRO-C

ADDRESSOGRAPH LABEL		OR	
SURNAME (BLOCK LETTERS)	DATE OF BIRTH		
GRO-B	GRO-B 69		
FIRST NAME	SEX		
GRO-B	M/F		
DOCTOR REQUESTING EXAM. REPORT TO BE RETURNED TO			
Tennant		23	

THE ROYAL INFIRMARY
COMMON M
FOR INPATIENTS PLEASE USE
FOR EACH TYPE C

26483

LAB No. C9

TEST RESULTS

1	PROTHROMBIN TIME RATIO	
s	THROMBIN TIME	C s
s	PTTK	C s
	FIBRINOGEN (factor I)	g/l
	F.D.P.s.	mg/l
	E.L.T.	min
✓	Clotting factor	Assay %
	Bleeding Time (Ivy)	min
	ANF	
	LE cells	
✓	Plasma HB	g/l
	Serum Haptoglobins	g/l
	Serum Methaemoglobin	g/l
	Met/Serum haemoglobin	g/l
	Serum B ₁₂	pg/l
	Serum folate	pg/l
	RBC folate	pg/l
	Schilling without/with I.F.	%
	BONE MARROW	

(FOR LAB. USE ONLY)

Use Ball Pen Only
Tick in appropriate Block
Do Not Bend Form

Date Collected 26/4/83

Time Collected 8.30 h

NEW PATIENT/REPORT

CLONED/ANTICOAGULATED BLOOD

PLEASE NOTE

GREEN BLOCKS—
Unrestricted Test

WHITE BLOCKS—
By arrangement with lab. only

USE SEPARATE FORM
FOR EACH SECTION

FOR NORMAL VALUES
—SEE POCKET CARD

Clinical Details

If Private Patient Tick ☐

Haemophilia
pre + post
Lungs

Please enter name of
Haematologist authorising test

Factor VIII PRE 0.19 uml⁻¹
Factor VIII POST 0.47 uml⁻¹

RESULT PHONED 1145
DATE 26/4/83 INITIALS

Date / / Technician Haematologist

ADDRESSOGRAPH LABEL OR

SURNAME (BLOCK LETTERS) GRO-B

DATE OF BIRTH GRO-B 69

FIRST NAMES GRO-B

SEX M

DOCTOR REQUESTING EXAM REPORT TO BE RETURNED TO

GRO-C 23

ANONYMOUS

3.14.83

(42)

96	DATE CODE	Time Collected h NEW PATIENT/REPORTER VENOUS/CAPILLARY BLOOD FOR NORMAL VALUES - SEE POCKET CARD Clinical Details IF PRIVATE PATIENT TICK ☐
75	LAB. No.	
2.8	WBC $\times 10^9/l$	
4.95	RBC $\times 10^{12}/l$	
13.1	Hb g/dl	
388	Hct	
78	MCV fl	
26.4	MCH pg	
33.7	MCHC g/dl	x2 x2

APDS
Skid
x2

Retic %	Film Report (FOR LAB. USE ONLY) 200 cell 1
245 Platelets $\times 10^9/l$	
ESR (West) mm in 1h	
Differential	
Blast Cells %	
Promyelo %	
Myelo %	
Metamyelo %	
53 Neutro %	
42 Lymph %	
5 Mono %	
Eosino %	
Baso %	
Nucleated RBC/100WBC	
Howell-Jolly Bodies	
Basophilic Stippling	
Blood Film	
Monospot	
LAP score	Film appears within normal limits
Eosinophils $\times 10^9/l$	
Malaria Parasites	
Heinz Bodies	
MbS screen	Date Technician Haematologist

GRO-C

ADDRESSOGRAPH LABEL OR

SURNAME (BLOCK LETTERS)	DATE OF BIRTH
GRO-B	GRO-B 69
FIRST NAME	M/F
GRO-B	
DOCTOR REQUESTING EXAM	REPORT TO BE RETURNED TO
Paul	Helen

Specimens: Blood		Date taken: 25.5.83	Spec. No. JA 41708
SURNAME GRO-B	First Name GRO-B	CONSULTANT Dr Ludlam	Ward/Dept. 23
Date of Birth: GRO-B 69		Doctor requesting and destination for report (if not above)	

Radioimmunoassay for hepatitis B surface antigen - NEGATIVE

Further Report

Radioimmunoassays for:

anti HBs - POSITIVE

anti HBc - POSITIVE

specific IgM anti HBc - NEGATIVE

Result indicates past infection with hepatitis B virus.

PO'R 30.5.83

GRO-C

Bact. 43

Signature

THE ROYAL INFIRMARY OF EDINBURGH

VIROLOGY REPORT

Specimens: Blood		Date taken: 28.2.83	Spec. No. JA 40380
SURNAME GRO-B	First Name GRO-B	CONSULTANT Dr Ludlam	Ward/Dept. 23
Date of Birth: GRO-B 69		Doctor requesting and destination for report (if not above)	

Radioimmunoassay for hepatitis B surface antigen - NEGATIVE

Further Report

Radioimmunoassays for:

anti HBs - POSITIVE

anti HBc - POSITIVE

specific IgM anti HBc - POSITIVE

Result suggests a recent infection.
Please repeat in 2 - 3 months.

PO'R 16.3.83

GRO-C

Bact. 43

Signature

THE ROYAL INFIRMARY OF EDINBURGH

VIROLOGY REPORT

THE ROYAL INFIRMARY OF EDINBURGH HEPATITIS REQUEST - VIROLOG

JA 40207-42

Use patient data label	SUR	[M] CONSULTANT'S NAME <i>LUDLAM</i> Please complete Ward/Dept. <i>23</i> <i>IP</i> <i>OP</i> Date of admission	DOCTOR REQUESTING (Block letters) and destination for report if not ward/ dept. <i>TENNANT</i>
	Date of		If phone report required please tick ☐ and give extension.
	Address		
GRO-B			
Date of onset of illness or duration in days 0 - 5; 6 - 10; 11 - 20; >21		Date of exposure	Previous report (tick) Date <i>14/2</i> Positive ☐ Negative ☒
DIAGNOSIS OR REASON FOR REQUEST (Tick) Jaundice ☐ → Liver function test Abnormal ☐ Normal ☐ Not done ☐ Renal Dialysis ☐ Renal Transplant ☐ Post-transfusion ☐ Tissue penetration ☐ Staff screen ☐ Contact ☐ → Specify Other diagnosis or further information :- <i>Haemophilic</i> <i>Mult. Blood products</i>		Tests to be performed <i>anti body please</i> Routine screen for Hepatitis B (Australia) antigen ☒ Other tests are available. Please contact laboratory URGENT SPECIMENS EXAMINED AT ANY TIME BY ARRANGEMENT ONLY. For Lab. use. <i>Radioimmunoassay for</i> <i>hepatitis B surface</i> <i>antigen - NEGATIVE</i> <i>24/2</i>	
Specimen: 5ml. of clotted blood in tightly closed container. Place in plastic bag and seal specimen and form in second bag.		GRO-C	
Date and time taken <i>21/2/83 0830</i>	Date and time received <i>24/2</i>	Laboratory Number	

THE ROYAL INFIRMARY OF EDINBURGH HEPATITIS REQUEST - VIROLOG

JA 41708

Use patient data label	SUR	[M] CONSULTANT'S NAME <i>LUDLAM</i> Please complete Ward/Dept. <i>23</i> <i>IP</i> <i>OP</i> Date of admission	DOCTOR REQUESTING (Block letters) and destination for report if not ward/ dept. <i>HENNELL</i>
	Date of		If phone report required please tick ☐ and give extension.
	Address		
GRO-B			
Date of onset of illness or duration in days 0 - 5; 6 - 10; 11 - 20; >21		Date of exposure	Previous report (tick) Date Positive ☐ Negative ☐
DIAGNOSIS OR REASON FOR REQUEST (Tick) Jaundice ☐ → Liver function test Abnormal ☐ Normal ☐ Not done ☐ Renal Dialysis ☐ Renal Transplant ☐ Post-transfusion ☒ Tissue penetration ☐ Staff screen ☐ Contact ☐ → Specify Other diagnosis or further information :- <i>Haemophilic</i>		Tests to be performed Routine screen for Hepatitis B (Australia) antigen ☒ Other tests are available. Please contact laboratory URGENT SPECIMENS EXAMINED AT ANY TIME BY ARRANGEMENT ONLY. For Lab. use. <i>Radioimmunoassay for</i> <i>hepatitis B surface</i> <i>antigen - NEGATIVE</i> <i>3/5</i>	
Specimen: 5ml. of clotted blood in tightly closed container. Place in plastic bag and seal specimen and form in second bag.		GRO-C	
Date and time taken <i>21/5/83 8a</i>	Date and time received <i>3/5</i>	Laboratory Number	

MAR 25 1984

0072

146	DATE CODE	Time Collected 10-00 H
72	LAB. No.	VENOUS/CAPILLARY BLOOD
3.6	WBC $\times 10^9/l$	FOR NORMAL VALUES - SEE POCKET CARD
4.99	RBC $\times 10^{12}/l$	Clinical Details
13.8	Hb g/dl	IF PRIVATE PATIENT TICK ☐
402	Hct	AIDS Study.
80	MCV fl	200 cell diff.
27.7	MCH pg	platelet +
34.4	MCHC g/dl	keep center card.

247	Platelets $\times 10^9/l$	Film Report (FOR LAB. USE ONLY)
	ESR (West) mm in 1h	Platelets normal.
	Differential	
	Blast Cells %	
	Promyelo %	
	Myelo %	
	Metamyelo %	
72	Neutro % 36	
96	Lymph % 48	
19	Mono % 9.5	
13	Eosino % 6.5	
	Baso %	
	Nucleated RBC/100WBC	
	Howell-Jolly	
	Basophilic Stippling	
	Splenic Farn	
	Megakaryocytes	
	LAP score	Film appears within normal limits
	Eosinophils $\times 10^9/l$	Date 25/84
	Malaria Parasites	Technician
	Heinz Bodies	Haematologist
	HbS screen	

ADDRESSOGRAPH LABEL

OR

275260 1050

TE OF BIRTH

M/F

RETURNED TO

ANONYMOUS

UNIVERSITY of EDINBURGH

DEPARTMENT of BACTERIOLOGY

Lab No : 674/3/84

Patient No :
Surname : GRO-B
Forename(s) :
D. of B. : GRO-B 59 Sex : M

Report to : CAL / CRAIG
Location : W23 - RIE
Specimen : Blood-Clotted JA48418 reported on 06APR84

FINAL REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE
Radioimmunoassay for anti-HBs POSITIVE
Radioimmunoassay for anti-HBc POSITIVE
Radioimmunoassay for specific anti-HBc IgM NEGATIVE
This result indicates past infection with hepatitis B virus.

Blood-Clotted
Taken on 29-Mar-84 DR J F PEUTHERER

HEPATITIS REFERENCE LAB.

UNIVERSITY of EDINBURGH

DEPARTMENT of BACTERIOLOGY

Lab No : 1169/5/84

Patient No :
Surname : GRO-B
Forename(s) :
D. of B. : GRO-B 59 Sex : M

Report to : CAL / CRAIG
Location : W23 - RIE
Specimen : Blood-Clotted JA49366 reported on 01JUN84

FINAL REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE
Radioimmunoassay for anti-HBs POSITIVE
Radioimmunoassay for anti-HBc POSITIVE
Radioimmunoassay for specific anti-HBc IgM NEGATIVE
This result indicates past infection with hepatitis B virus.

Blood-Clotted
Taken on 24-May-84 DR J F PEUTHERER

CLINICAL VIROLOGY

Virology		NUMBER
THE ROYAL INFIRMARY OF EDINBURGH		
FOR UNIVERSITY of EDINBURGH		NAME
Lab No : 674/3/84		DEPARTMENT of BACTERIOLOGY
Report to : CAL / CRAIG		Patient No : GRO-B
Location : W23 - RIE		Surname : GRO-B
Specimen : Blood-Clotted JA48418 reported on 30MAR84		Forename(s) : GRO-B
		D. of B. : 69 Sex : M
Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE		
PRELIMINARY REPORT		
Blood-Clotted		
Taken on 29-Mar-84		
DR J F PEUTHERER		
HEPATITIS REFERENCE LAB.		
Specimens: Blood		Date taken 7.2.83 Spec. No. JA 39828
SURNAME	First Name	CONSULTANT
GRO-B	GRO-B	Dr Ludlam
Date of Birth		Ward/Dept. 23
GRO-B 69		Doctor requesting and destination for report (if not above)
<u>Further Report</u>		
RIA: Antibody to HBsAg <u>Moderate positive</u>		
P.O.R 16.2.83		GRO-C
Bact. 43	Signature	
THE ROYAL INFIRMARY OF EDINBURGH		VIROLOGY REPORT

GRO-B

COULTER COUNTER MODEL S PLUS INH-A-1V COULTER ELECTRONICS LTD. LUTON, BEDS.									
TEST: ☐ CBC ☐ WBC ☐ Hgb ☐ Hct ☐ PLT ☐ PLT. SIZE ☐ DISTR. PLOT					DATE				
PATIENT					REPORT BY:				
NURSE					TEST No. 072				
SA	OP CODES			NORMAL VALUES	☐ ROUTINE				
31.6	x10%	WBC	M 7.0 ± 3.0	☐ EMERGENCY					
4.99	x10%	RBC	M 5.4 ± 0.9 F 4.8 ± 0.8	☐ OR IN AM					
13.8	g/dl	Hgb	M 16.0 ± 2.0 F 14.0 ± 2.0	REMARKS: CLINICAL DX					
40.2	RATIO	Hct	M 45 ± .07 F 41 ± .05						
80.4	fl	MCV	M 84 ± 7						
27.7	pg	MCH	M 29.0 ± 3.0						
34.4	g/dl	MCHC	M 34.0 ± 2.0						
13.3	**	RDW	M 13.3 ± 2.4						
247.	x10%	PLT	M 290 ± 150						
262	%	Pct.	M 254 ± .052						
10.6	fl	MPV	M 8.9 ± 1.5						
17.1	***	PDW	M 16.5 ± 1.0						
44.	%	LYMPH	M 28 ± 13						
1.6	x10%	LYMPH	M 2.0 ± 1						
☐ DIFFERENTIAL									
POLY	MORPH		1	2	3	4	* WINTROBE 7TH EDITION CORRECTED, FOR 3% TRAPPED PLASMA (SEE 4C PLUS II ASSAY SHEET).		
BAND	POLYCHROM						** INDEX OF THE RED CELL SIZE DISTRIBUTION WIDTH		
LYMPH	HYPOCHROM						*** INDEX OF PLATELET SIZE DISTRIBUTION WIDTH		
MONO	POIK						+ PROVISIONAL		
EOS	TARGET								
	SPHERO								
BASO	ANISO								
ATYP LYMPH	MICRO								
META	MACRO								
MYELO	SICKLE CELLS						PLASMA VISCOSITY	LEE WHITE	
PRO. MYELO	BASO STIP						RETIC	SED. RATE	
BLAST	VACUOLES						NRBC/100 WBC		
	TOXIC GRAN								
MORPHOLOGY SYMBOLS 1. SLIGHT 2. MOD TO MARKED 2. MODERATE 4. MARKED									
PT No. 9920037									

ANONYMOUS

UNIVERSITY of EDINBURGH

DEPARTMENT of BACTERIOLOGY

Lab No : 674/3/84

Patient No
Surname
Forename(s)
D. of B.

GRO-B

GRO-B

Sex : M

Report to : CAL / CRAIG

Location : W23 - RIE

Specimen : Blood-Clotted JA48418 reported on 06APR84

FINAL REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE
Radioimmunoassay for anti-HBs POSITIVE
Radioimmunoassay for anti-HBc POSITIVE
Radioimmunoassay for specific anti-HBc IgM NEGATIVE
This result indicates past infection with hepatitis B virus.

Blood-Clotted

Taken on 29-Mar-84 DR J F PEUTHERER

HEPATITIS REFERENCE LAB.

UNIVERSITY of EDINBURGH

DEPARTMENT of BACTERIOLOGY

Lab No : 1169/5/84

Patient No
Surname
Forename(s)
D. of B.

GRO-B

GRO-B

Sex : M

Report to : CAL / CRAIG

Location : W23 - RIE

Specimen : Blood-Clotted JA49366 reported on 01JUN84

FINAL REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE
Radioimmunoassay for anti-HBs POSITIVE
Radioimmunoassay for anti-HBc POSITIVE
Radioimmunoassay for specific anti-HBc IgM NEGATIVE
This result indicates past infection with hepatitis B virus.

Blood-Clotted

Taken on 24-May-84 DR J F PEUTHERER

CLINICAL VIROLOGY

DO NOT FILE THIS SHEET PERMANENTLY UNLESS instructed to do so, or the patient is discharged

DEPARTMENT OF CLINICAL CHEMISTRY

Date Printed: 12/07/07 Page: 1

Patient's Name	Registration No.	Sex	Date of Birth/Age	Ward	Hospital	Consultant/General Practitioner
GRO-B	GRO-B	M	GRO-B 69	23	RL	DR. C. A. LUDLAM
Clinical Details and Relevant Treatment						Duty Clinical Chemist
HAEMOPHILIA						DR. J. HAYES

BLOOD	Date of collection	240584	260684	280984	041084	151084	291084	121184	2.8
	Time of collection	0015	1300	1145	0900	1535	1542	*1300	S.D.
Urea (2-8-0-6 mmol/L)		4.2	5.1	4.0	5.7	3.6	4.8	4.1	0.57
Sodium (132-144 mmol/L)		141	139	141	140	140	141	140	3.9
Potassium (3-3-4-7 mmol/L)		3.7	TL	4.3	3.8	TL	4.0	4.3	0.28
Total CO ₂ (24-30 mmol/L)		26	26	26	28	26	26	26	2.9
Bilirubin (2-17 µmol/L)		5	5	4	5	4	2	5	5.6
Alkaline Phosphatase (ALP) (10-40 units/L)		40	43	303	163	43	41	29	8.4
Alkaline Phosphatase (40-100 units/L)		(270)	(278)	(288)	(291)	(261)	(302)	(314)	17
Gamma Glutamyl Transaminase (GGT) (10-30 units/L)		11		(9)	11	13	12	10	8.4
Total Protein (60-80 g/L)		75		71	74	70	71	75	2.8
Albumin (36-47 g/L)									
Calcium (2-12-3-62 mmol/L)									
Phosphate (10-8-1.8 mmol/L)									
Urate (M 0.12-0.42 mmol/L, F 0.12-0.36 mmol/L)									
Creatinine (53-120 µmol/L)									
Aspartate Aminotransferase (AST) (10-35 units/L)									
Urea Glucose Dehydrogenase (UGDH) (100-300 units/L)									
Thyroxine (Under 65 70-150 pmol/L, Over 65 55-130 pmol/L)									
Glucose (Fasting) (4-6-9 mmol/L)									
Iron (M 14-32 µmol/L, F 10-28 µmol/L)									
Iron-Binding Capacity (45-72 µmol/L)									
Hydrogen Ion (36-44 nmol/L)									
Pco ₂ (4-4-5-1 kPa)									
Arterial Bicarbonate (21-27-5 mmol/L)									
Po ₂ (12-15 kPa)									
URINE	Start of collection								
	Duration of collection								
	Volume of sample								
Creatinine (mmol/vol) (10-20 mmol/24h)									
Creatinine clearance (>100 ml/min)									
Calcium (mmol/vol) (15-60 mmol/24h)									
Phosphate (mmol/vol) (100-200 mmol/24h)									
Sodium (mmol/vol) (25-100 mmol/24h)									
Potassium (mmol/vol) (<100 mg/24h)									
Protein (g/vol)									
MISCELLANEOUS TESTS (Venous Blood unless stated otherwise)									
Date	Time								

INDEX OF CHARACTER CODES

HM - Haemolysed
TL - Too late for satisfactory analysis
* - New result in column

IS - Insufficient
XX - Result not yet available
C - Comment in miscellaneous section

LP - Lipaemic
TC - Test cancelled (equipment failure)
Initials after report in miscellaneous section identify clinical chemist

FREE PERMANENTLY

(FOR LAB. USE ONLY)		Date Collected 28/5/84 Time Collected 9:15	
144	DATE CODE	FOR NORMAL VALUES SEE POCKET CARD	
293	LAB. No.	Clinical Details	
3.5		IF PRIVATE PATIENT TICK ☐	
5.00		Haemophilia	
13.4		Ⓛ thigh blood	
398			
79	MCV fl		
26.8	MCH pg		
33.7	MCHC g/dl	RESULT PHONEY 1982	
Film Report (FOR LAB. USE ONLY)			
Plate: normal			
Blast Cells %			
Promyelo %			
Myelo %			
Metamyelo %			
51	Neutro %	A/C	
44	Lymph %	miso monochronic	
1	Mono %	slightly lymphocytic	
4	Eosino %	on target cells.	
Baso %			
Nucleated RBC/100WBC			
Howell-Jolly Bodies			
Basophilic Stippling			
Film appears within normal limits			
Date 28/5/84		GRO-C	
Technician			
Haematologist			

ADDRESSOGRAPH LABEL	OR
TE OF BIRTH	
GRO-B	
RETURNED TO	
Dr Craig	Wed. 23.

(FOR LAB. USE ONLY)		Use Ball Pen Only Tick appropriate Green blocks Do Not Bend Form	
		Date Collected 28/5/84 Time Collected 4:00 PM	
149	DATE CODE	FOR NORMAL VALUES SEE POCKET CARD	
857	LAB. No.	Clinical Details	
7.0		IF PRIVATE PATIENT TICK ☐	
5.24		Haemophilia	
13.8			
420			
80	MCV fl		
26.4	MCH pg		
33.0	MCHC g/dl	Ⓛ	
Film Report (FOR LAB. USE ONLY)			
Plate: normal			
Blast Cells %			
Promyelo %			
Myelo %			
Metamyelo %			
72	Neutro %	RBC	
22	Lymph %	normal	
3	Mono %	normal	
1	Eosino %	normal	
Baso %			
Nucleated RBC/100WBC			
Howell-Jolly Bodies			
Basophilic Stippling			
Film appears within normal limits			
Date 28/5/84		GRO-C	
Technician			
Haematologist			

ADDRESSOGRAPH LABEL	OR
SURNAME (BLOCK LETTERS)	
GRO-B	
DATE OF BIRTH	
GRO-B	
FIRST NAME	
GRO-B	
DOCTOR REQUESTING EXAM	REPORT TO BE RETURNED TO
GRO-C	23

Use Ball Pen Only
Tick appropriate Green Blocks
Do Not Bend Form

(FOR LAB. USE ONLY)

901

28.11.84

Date Collected 28/11/84

Time Collected 11am

FOR NORMAL VALUES—
SEE POCKET CARD

Clinical Details

IF PRIVATE PATIENT TICK ☐

GRO-B

Haemophilia
AIDS Study:
200 cell diff.
+ keep spleen
card please.

Film Report (FOR LAB. USE ONLY)

Blast Cells %

Promyelo %

Myelo %

Metamyelo %

Neutro %

Lymph %

Mono %

Eosino %

Baso %

Nucleated RBC/100WBC

Howell-Jolly Bodies

Basophilic Stippling

Film appears within normal limits

Date 29/11/84

Technician

Haematologist

ADDRESSOGRAPH LABEL OR

SURNAME (BLOCK LETTERS) GRO-B

DATE OF BIRTH GRO-B 69

FIRST NAMES GRO-B

DOCTOR REQUESTING EXAM REPORT TO BE RETURNED TO

Dr Tucker. Haem

Use Ball Pen Only
Tick appropriate Green Blocks
Do Not Bend Form

(FOR LAB. USE ONLY)

0072

25.5.84

Date Collected 25/5/84

Time Collected 10-00h

FOR NORMAL VALUES—
SEE POCKET CARD

Clinical Details

IF PRIVATE PATIENT TICK ☐

146

72.

3.6

4.99

13.8

402.

80

27.7

34.4

DATE CODE

LAB. No.

MCV fl

MCH pg

MCHC g/dl

AIDS Study.
200 cell diff.
please +
keep
cancer
card.

Film Report (FOR LAB. USE ONLY)

Blast Cells %

Promyelo %

Myelo %

Metamyelo %

Neutro % 36

Lymph % 48

Mono % 9.5

Eosino % 6.5

Baso %

Nucleated RBC/100WBC

Howell-Jolly Bodies

Basophilic Stippling

Blood film

Film appears within normal limits

Date 25/5/84

Technician

Haematologist

ADDRESSOGRAPH LABEL OR

GRO-B

DATE OF BIRTH

RETURNED TO

Dr Tucker. Haem.

(FOR LAB. USE ONLY)		Date Collected 28/5/84 Time Collected 9:15	
144	DATE CODE	FOR NORMAL VALUES - SEE POCKET CARD	
293	LAB. No.	Clinical Details	
3.5		IF PRIVATE PATIENT TICK ☐	
5.00		Haemophilia	
13.4		① thigh blood.	
39.8			
79	MCV fl		
26.8	MCH pg		
33.7	MCHC g/dl	RESULT PHONEY 1952	
Film Report (FOR LAB. USE ONLY)			
Plate: normal			
Blast Cells %			
Promyelo %			
Myelo %			
Metamyelo %			
51	Neutro %	Ac	
44	Lymph %	miso monoclonal	
1	Mono %	slightly lymphocytic	
4	Eosino %	on target cells.	
Baso %			
Nucleated RBC/100WBC			
Howell-Jolly Bodies			
Basophilic Stippling			
Film appears within normal limits			
Date 28/5/84		GRO-C	
Technician			
Haematologist			

ADDRESSOGRAPH LABEL	OR
DATE OF BIRTH	
GRO-B	
RETURNED TO	
Dr Craig	Wed. 23.

(FOR LAB. USE ONLY)		Use Ball Pen Only Tick appropriate Green blocks Do Not Bend Form	
		Date Collected 28/5/84 Time Collected 4:00 PM	
149	DATE CODE	FOR NORMAL VALUES - SEE POCKET CARD	
857	LAB. No.	Clinical Details	
7.0		IF PRIVATE PATIENT TICK ☐	
5.24		Haemophilia	
13.8			
42.0			
80	MCV fl		
26.4	MCH pg		
33.0	MCHC g/dl		
Film Report (FOR LAB. USE ONLY)			
Plate: normal			
Blast Cells %			
Promyelo %			
Myelo %			
Metamyelo %			
72	Neutro %	Rbc	
22	Lymph %	normal	
3	Mono %	normal	
1	Eosino %	normal	
Baso %			
Nucleated RBC/100WBC			
Howell-Jolly Bodies			
Basophilic Stippling			
Film appears within normal limits			
Date 28/5/84		GRO-C	
Technician			
Haematologist			

ADDRESSOGRAPH LABEL	OR
SURNAME (BLOCK LETTERS)	
GRO-B	GRO-B
FIRST NAME	GRO-B
DOCTOR REQUESTING EXAM	
GRO-C	23
REPORT TO BE RETURNED TO	

UNIVERSITY of EDINBURGH

DEPARTMENT of BACTERIOLOGY

GRO-B

Patient No : GRO-B

D. of B. : GRO-B 1969 Sex : M

Report to : CAL

Location : Haematology Dept. - RIE

Reported on 06-Jul-84

Lab. No. : 1288/6/84

FINAL REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE
 Radioimmunoassay for anti-HBs POSITIVE
 Radioimmunoassay for anti-HBc POSITIVE
 Radioimmunoassay for specific anti-HBc IgM NEGATIVE

Blood-clotted JA50125

Taken on 25-Jun-84 DR ELIZABETH EDMOND

CLINICAL VIROLOGY

UNIVERSITY of EDINBURGH

DEPARTMENT of BACTERIOLOGY

Lab No : 1288/6/84

Patient No :

Surname :

Forename(s) :

D. of B. : GRO-B 69 Sex : M

GRO-B

Report to : CAL

Location : Haematology Dept. - RIE

Specimen : Blood-clotted JA50125 reported on 27JUN84

PRELIMINARY REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE

Blood-clotted

CLINICAL VIROLOGY

Use Ball Pen Only
Tick in appropriate Block
Do Not Bend Form

(FOR LAB USE ONLY)

26.06.84

LAB No. **C21**

TEST RESULTS

1	PTTK	C	s
F.D.P.s. mg/l			
E.L.T. min			
Clotting factor Assay %			
Bleeding Time (Ivy) min			
LE cells			
RBC folate ug/l			
Schilling without/with I.F. %			
BONE MARROW			

GREEN BLOCKS — Unrestricted Test
WHITE BLOCKS — By arrangement with lab. only

PLEASE NOTE

USE SEPARATE FORM FOR EACH SECTION

FOR NORMAL VALUES — SEE POCKET CARD

Clinical Details

If Private Patient Tick ☐

Please enter name of Haematologist authorising test

(FOR LAB. USE ONLY)

Inhibitor PTTK
Incubated 37°C for 1hr.
Normal: — 32
Patient: — 57
Normal/Patient 50/50 mix: — 35

Date / /

Technician

Haematologist

GRO-C

ADDRESSOGRAPH LABEL OR

SURNAME (BLOCK LETTERS)	DATE OF BIRTH
GRO-B	GRO-B 69
FIRST NAMES	
GRO-B	

DOCTOR REQUESTING EXAM REPORT TO BE RETURNED TO

Shuttle *Moer*

Use Ball Pen Only
Tick appropriate Green Blocks
Do Not Bend Form

(LAB. USE ONLY)

0223 65

Date Collected **7.6.84**

Time Collected **10** h

FOR NORMAL VALUES — SEE POCKET CARD

Clinical Details

IF PRIVATE PATIENT TICK ☐

*Felt**
Hoer.
hemophila

GRO-B

Film Report (FOR LAB. USE ONLY)

*???

Blast Cells %
Promyelo %
Myelo %
Metamyelo %
Neutro %
Lymph %
Mono %
Eosino %
Baso %
Nucleated RBC/100 WBC
Howell-Jolly Bodies
Basophilic Stippling

Film appears within normal limits

Date **7.6.84**

Technician

Haematologist

GRO-C

ADDRESSOGRAPH LABEL OR

SURNAME (BLOCK LETTERS)	DATE OF BIRTH
GRO-B	GRO-B 69
FIRST NAMES	
GRO-B	

DOCTOR REQUESTING EXAM REPORT TO BE RETURNED TO

Dr. Hudson *Hoer*

COULTER COUNTER © MODEL S PLUS II, III & IV
COULTER ELECTRONICS LTD, LUTON, BEDS.

TEST: ☐ CBC ☐ WBC ☒ Hgb ☐ Hct ☐ PLT ☐ PLT SIZE ☐ DISTR. PLOT

PATIENT: _____ DATE: _____
NURSE: _____ REPORT BY: _____

26/06/84 TEST No. 097

SA	OP CODES	NORMAL VALUES	☐ ROUTINE	☐ EMERGENCY
4.5	x10 ⁹ /L WBC	M 7.0 ± 3.0		
4.66	x10 ⁹ /L RBC	M 5.4 ± 0.9 F 4.8 ± 0.5		☐ OR IN AM
12.4	g/dl Hgb	M 16.0 ± 2.0 F 14.0 ± 2.0		REMARKS: CLINICAL DX
37.0	RATIO Hct	M 45 ± 0.7% F 41 ± 0.5		
79.3	fL MCV	M 84 ± 7		
26.6	pg MCH	M 29.0 ± 3.0		
33.5	g/dl MCHC	M 34.0 ± 2.0		
13.1	*** RDW	M 13.3 ± 2.4		
363	x10 ⁹ /L PLT	M 200 ± 150		
342	% PCL	M 254 ± 0.92		
9.4	fL MPV	M 8.9 ± 1.5		
16.7	*** PDW	M 16.5 ± 1.0		
46	% LYMPH	M 28 ± 13		
2.1	x10 ⁹ /L LYMPH	M 2.0 ± 1		

☐ DIFFERENTIAL

POLY	MORPH	1	2	3	4
BAND	POLYCHROM				
LYMPH	HYPOCHROM				
MONO	POIK				
EOS	TARGET				
BASO	SPHERO				
ATYP LYMPH	ANISO				
METAP	MICRO				
MYELO	MACRO				
PRO-MYELO	SICKLECELLS				
BLAST	BASO STIP				
	VACUOLES				
	TOXIC GRAN				

*** INDEX OF THE RED CELL SIZE DISTRIBUTION WIDTH
*** INDEX OF PLATELET SIZE DISTRIBUTION WIDTH
+ PROVISIONAL

PLASMA VISCOSITY	LEE WHITE	RETIC	SED. RATE

NRBC/100 WBC

MORPHOLOGY SYMBOLS
1. SLIGHT 3. MOD TO MARKED
2. MODERATE 4. MARKED

PT No. 9920037

Use Ball Pen Only
Tick appropriate Green Blocks
Do Not Bend Form

(FOR LAB. USE ONLY)

GRO-C

0514 '83 FEB

DATE CODE

LAB. No.

FOR NORMAL VALUES - SEE POCKET CARD

Clinical Details

IF PRIVATE PATIENT TICK ☐

Haemophilic Bleed.

MCV fL

MCH pg

MCHC g/dl

Retic %

Platelets x10⁹/L

ESR - West. mm in 1h

Differential

Blast Cells %

Promyelo %

Myelo %

Metamyelo %

Neutro %

Lymph %

Mono %

Eosino %

Baso %

Nucleated RBC/100WBC

Howell-Jolly Bodies

Basophilic Stippling

Blood Film

Monospot

Latex Coagul

Eosinophilic

Malapara

Heinz Bodies

RBC

Film Report (FOR LAB. USE ONLY)

REC.

slight anisocytosis

mainly normochromic

some mild hypochromic

WBC's + Plats

NAD

GRO-C

Film appears within normal limits

Date 21/2/83

Technician

Haematologist

ADDRESSOGRAPH LABEL OR

SURNAME (IN BLOCK LETTERS)

GRO-B

DATE OF BIRTH

GRO-B 69

FIRST NAMES

GRO-B

DOCTOR REQUESTING EXAM

Tennant

REPORT TO BE RETURNED TO

23

HAEMATOLOGY R.L. Tel. No. 031 225 2477		Use Ball Pen Only Tick appropriate Green Blocks Do Not Bend Form	
(FOR LAB. USE ONLY)		Date Collected	2 / 78
257		Time Collected	9 h
183		NEW PATIENT/REPORTER	
257		VENOUS/CAPILLARY BLOOD	
17.65		FOR NORMAL VALUES - SEE POCKET CARD	
4.43		Clinical Details	
134		IF PRIVATE PATIENT TICK ☐	
2.02		Sister	
183		GRO-B	
327		Mueno, M	
806		Film Report (FOR LAB. USE ONLY)	
Retic %		pross normal	
Platelets $\times 10^9/l$			
ESR (West) mm in 1h			
Differential			
Blast Cells %			
Promyelo %			
Myelo %			
Metamyelo %			
Neutro %			
Lymph %			
Mono %			
Eosino %			
Baso %			
Nucleated RBC/100WBC			
Howell-Jolly Bodies			
Basophilic Stippling			
Blood Film			
Monospot			
LAP score		Film appears within normal limits	
Eosinophils $\times 10^9/l$			
Malaria Parasites		Date 27/85	
Heinz Bodies		Technician	
HbS screen		Haematologist	
ADDRESSOGRAPH LABEL OR			
SURNAME (BLOCK LETTERS)	DATE OF BIRTH		
GRO-B	GRO-B 17		
GRO-B	GRO-B		
DOC	REPORT TO BE RETURNED TO		
GRO-C	Mueno, M		

HAEMATOLOGY R.L. Tel. No. 031 225 2477		Use Ball Pen Only Tick appropriate Green Blocks Do Not Bend Form	
(FOR LAB. USE ONLY)		Date Collected	26 / 6 / 8
0097 '84		Time Collected	h
007		FOR NORMAL VALUES - SEE POCKET CARD	
044		Clinical Details	
183		IF PRIVATE PATIENT TICK ☐	
120			
371			
1080		MCV	
275		MCH	
42		MCHC	
363		Film Report (FOR LAB. USE ONLY)	
Blast Cells %		plate - not	
Promyelo %		nb	
Myelo %		norm of normal	
Metamyelo %			
Neutro %			
Lymph %			
Mono %			
Eosino %			
Baso %			
Nucleated RBC/100WBC			
Howell-Jolly Bodies			
Basophilic Stippling			
Film appears within normal limits			
Date		27/85	
Technician		GRO-C	
Haematologist			
ADDRESSOGRAPH LABEL OR			
SURNAME (BLOCK LETTERS)	DATE OF BIRTH		
GRO-B	GRO-B 19		
FIRST NAME	GRO-B		
DOCTOR REQUESTING EXAM	REPORT TO BE RETURNED TO		
Do Huelan	Haen		

ANONYMOUS

UNIVERSITY of EDINBURGH

DEPARTMENT of BACTERIOLOGY

Name :-

GRO-B

Patient No

GRO-B

D. of B.

GRO-B 1909 Sex : M

Report to : CAL

Location : W23 - R1E

Reported on 05-Oct-84

Lab. No. : 1755/9/84

FINAL REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE

Radioimmunoassay for anti-HBs POSITIVE

Radioimmunoassay for anti-HBc POSITIVE

Radioimmunoassay for specific anti-HBc IgM NEGATIVE

This result indicates past infection with hepatitis B virus.

Blood-clotted JAS1814

Taken on 28-Sep-84 DR J F PEUTHERER

CLINICAL VIROLOGY

UNIVERSITY of EDINBURGH

DEPARTMENT of BACTERIOLOGY

Name :-

GRO-B

Patient No

GRO-B

D. of B.

GRO-B 1909 Sex : M

Report to : CAL

Location : W23 - R1E

Reported on 29-Sep-84

Lab. No. : 1755/9/84

FIRST REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE

Blood-clotted JAS1814

Taken on 28-Sep-84 DR J F PEUTHERER

CLINICAL VIROLOGY

Use Ball Pen Only
Tick appropriate Green Blocks
Do Not Bend Form

(FOR LAB. USE ONLY)

260

28.9.84

Date Collected 28.9.84
Time Collected 1145 h

FOR NORMAL VALUES -- SEE POCKET CARD

Clinical Details
IF PRIVATE PATIENT TICK ☐

Haemophilia:
② knee bleed.

Film Report (FOR LAB. USE ONLY)

269

Blast Cells %
Promyelo %
Myelo %
Metamyelo %
Neutro %
Lymph %
Mono %
Eosino %
Baso %
Nucleated RBC/100 WBC
Howell-Jolly Bodies
Basophilic Stippling

Rbc
Pinsinger
normal
plat. —

Film appears within normal limits

Date 28.9.84
Technician GRO-C
Haematologist

ADDRESSOGRAPH LABEL OR

SURNAME (BLOCK LETTERS) GRO-B
DATE OF BIRTH GRO-B 69

FIRST NAME GRO-B

DOCTOR REQUESTING REPORT TO BE RETURNED TO
Dr Hulse. Wed. 23

Use Ball Pen Only
Tick appropriate Green Blocks
Do Not Bend Form

(FOR LAB. USE ONLY)

12.11.84

Date Collected 12.11.84
Time Collected 1300 h

FOR NORMAL VALUES -- SEE POCKET CARD

Clinical Details
IF PRIVATE PATIENT TICK ☐

Haemophilia
② knee bleed

High risk sample.

317
418
4.3
5.23
13.8
419
80
26.5
33.1

DATE CODE
LAB. No.
MCV fl
MCH pg
MCHC g/dl

Film Report (FOR LAB. L)

289

Blast Cells %
Promyelo %
Myelo %
Metamyelo %
Neutro %
Lymph %
Mono %
Eosino %
Baso %
Nucleated RBC/100 WBC
Howell-Jolly Bodies
Basophilic Stippling

Film appears within normal limits

Date 28.9.84
Technician GRO-C
Haematologist

ADDRESSOGRAPH LABEL OR

SURNAME (BLOCK LETTERS) GRO-B
DATE OF BIRTH [M] 69

FIRST NAME GRO-B

DOCTOR REQUESTING REPORT TO BE RETURNED TO
Dr Hudson. Wed. 23
RISK

LOW HIGH
RISK SAMPLE

ANONYMOUS

(FOR LAB USE ONLY)		Use Ball Pen Only Tick in appropriate Block Do Not Bend Form
28/9/84 1157		Date Collected 28/9/84 Time Collected 1145 h
LAB No. C22		PLEASE NOTE GREEN BLOCKS— Unrestricted Test WHITE BLOCKS— By arrangement with lab. only
TEST RESULTS		
38* PTTK 11832 C31s		USE SEPARATE FORM FOR EACH SECTION FOR NORMAL VALUES — SEE POCKET CARD
F.D.P.s. mg/l		
E.L.T. min		Clinical Details If Private Patient Tick ☐
Clotting factor Assay %		
Bleeding Time (Ivy) min		Haemophilia- PTTK inhib. please + serum to store.
LE cells		
RBC folate µg/l		Please enter name of Haematologist authorising test
Schilling without/with I.F. %		
(FOR LAB. USE ONLY)		

* inhibitor PTTK.

28.9.84 5.00 PM

Date / /		GRO-C	
Technician		Haematologist	
ADDRESSOGRAPH LABEL		OR	
SURNAME (BLOCK LETTERS)		DATE OF BIRTH	
GRO-B		GRO-B 69	
FIRST NAMES			
GRO-B			
DOCTOR REQUESTING EXAM		REPORT TO BE RETURNED TO	
Dr Huyle		Wd. 23.	

UNIVERSITY of EDINBURGH

DEPARTMENT of BACTERIOLOGY

Name :-

GRO-B

Patient No :

GRO-B

D. of B. :

GRO-B 1989 Sex : M

Report to : CAL / LUDLAM

Location : W23 - RIE

Reported on 12-Oct-84

Lab. No. : 506/10/84

FINAL REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE

Radioimmunoassay for anti-HBs POSITIVE

Radioimmunoassay for anti-HBc POSITIVE

Radioimmunoassay for specific anti-HBc IgM NEGATIVE

This result indicates past infection with hepatitis B virus.

Blood-clotted JA51915

Taken on 4-Oct-84 DR J F PEUTHERER

CLINICAL VIROLOGY

UNIVERSITY of EDINBURGH

DEPARTMENT of BACTERIOLOGY

Name :-

GRO-B

Patient No :

GRO-B

D. of B. :

GRO-B 1989 Sex : M

Report to : CAL / LUDLAM

Location : W23 - RIE

Reported on 05-Oct-84

Lab. No. : 506/10/84

FIRST REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE

Blood-clotted JA51915

Taken on 4-Oct-84 DR J F PEUTHERER

CLINICAL VIROLOGY

(FOR LAB. USE ONLY) 247 4-10-84		Use Ball Pen Only Tick appropriate Green Blocks Do Not Bend Form Date Collected 4-10-84 Time Collected 9am
FOR NORMAL VALUES - SEE POCKET CARD Clinical Details IF PRIVATE PATIENT TICK ☐		Haemophilia

257 Blast Cells % Promyelo % Myelo % Metamyelo % 44 Neutro % 42 Lymph % 10 Mono % 4 Eosino % Baso % Nucleated RBC/100WBC Howell-Jolly Bodies Basophilic Stippling	Film Report (FOR LAB. USE ONLY) Ret normal. Rbc's puizolyte noneochromia Film appears within normal limits Date 4-10-84 Technician GRO-C Haematologist
---	--

ADDRESSOGRAPH LABEL		OR
SURNAME (BLOCK LETTERS)	GRO-B	DATE OF BIRTH
FIRST NAMES	GRO-B	GRO-B 69
DOCTOR REQUESTING EXAM		REPORT TO BE RETURNED TO
Dr Hoyle.		Wt 23

ANONYMOUS

UNIVERSITY of EDINBURGH

DEPARTMENT of BACTERIOLOGY

Name :-

GRO-B

Patient No : GRO-B
D. of B. : GRO-B 1969

Sex : M

Report to : CAL / DR LUDLAM

Location : Haematology Dept. - RIE

Reported on 02-Aug-85

Lab. No. : 2163/7/85

FINAL REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE
Radioimmunoassay for anti-HBs POSITIVE
Radioimmunoassay for anti-HBc POSITIVE
Radioimmunoassay for specific anti-HBc IgM NEGATIVE
This result indicates past infection with hepatitis B virus.

Blood-clotted JA57855

Taken on 30/07/85 DR J F PEUTHERER

CLINICAL VIROLOGY

UNIVERSITY of EDINBURGH

DEPARTMENT of BACTERIOLOGY

Name :-

GRO-B

Patient No : GRO-B
D. of B. : GRO-B 1969

Sex : M

Report to : CAL

Location : Haematology Dept. - RIE

Reported on 17-Oct-84

Lab. No. : 1255/10/84

FIRST REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE

Blood-clotted JA52112

Taken on 15-Oct-84 DR J F PEUTHERER

CLINICAL VIROLOGY

ANONYMOUS

UNIVERSITY of EDINBURGH

DEPARTMENT of BACTERIOLOGY

Name: GRO-B

Patient No.
D. of B.

GRO-B
GRO-B 1969 Sex : M

Report to : CAL

Location : Haematology Dept. - RIE

Reported on 02-Nov-84

Lab. No. : 1255/10/84

FINAL REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE

Radioimmunoassay for anti-HBs POSITIVE

Radioimmunoassay for anti-HBe POSITIVE

Radioimmunoassay for specific anti-HBe IgM NEGATIVE

This result indicates past infection with hepatitis B virus.

Blood-clotted JAS2112

Taken on 15-Oct-84 DR J F PEUTHERER

CLINICAL VIROLOGY

UNIVERSITY of EDINBURGH

DEPARTMENT of BACTERIOLOGY

Name: GRO-B

Patient No.
D. of B.

GRO-B
GRO-B 1969 Sex : M

Report to : CAL / DR LUDLAM

Location : Haematology Dept. - RIE

Reported on 31-Jul-85

Lab. No. : 2163/7/85

FIRST REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE

Blood-clotted JAS7855

Taken on 30/07/85 DR J F PEUTHERER

CLINICAL VIROLOGY

ANONYMOUS

UNIVERSITY of EDINBURGH

DEPARTMENT of BACTERIOLOGY

Name :-

GRO-B

Patient No

GRO-B

D. of B.

GRO-B

1969 Sex : M

Report to : CAL

Location : W23 - RIE

Reported on 13-Nov-84

Lab. No. : 977/11/84

FIRST REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE

Blood-clotted JAS2667

Taken on 12-Nov-84 DR J F PEUTHERER

CLINICAL VIROLOGY

UNIVERSITY of EDINBURGH

DEPARTMENT of BACTERIOLOGY

Name :-

GRO-B

Patient No

GRO-B

D. of B.

GRO-B

1969 Sex : M

Report to : CAL

Location : W23 - RIE

Reported on 23-Nov-84

Lab. No. : 977/11/84

FINAL REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE

Radioimmunoassay for anti-HBs POSITIVE

Radioimmunoassay for anti-HBc POSITIVE

Radioimmunoassay for specific anti-HBc IgM NEGATIVE

Blood-clotted JAS2667

Taken on 12-Nov-84 DR J F PEUTHERER

CLINICAL VIROLOGY

ANONYMOUS

TOTAL SUPPLY OF DRUGS RECEIVED BY THE PATIENT						Date Printed	Page	
DEPARTMENT OF CLINICAL CHEMISTRY								
Patient's Name	Registration No.	Sex	Date of Birth/Age	Ward	Hospital	Consultant / General Practitioner		
GRO-B	GRO-B	M	GRO-B 69	23	RL	DR. C. A. LUDLAM		
Clinical Details and Relevant Treatment						Duty Clinical Chemist		
HAEMOPHILIA						DR. J. HAYES		

[illegible]

DO NOT FILE THIS SHEET PERMANENTLY UNLESS instructed to do so, or the patient is discharged

32411H 38-42633L 3202

HM - Haemolysed
TL - Too late for satisfactory analysis
* - New result in column

INDEX OF CHARACTER CODES

IS - Insufficient
XX - Result not yet available
C - Comment in miscellaneous section.

LP - Lipaemic
TC - Test cancelled (equipment failure)
Initials after report in miscellaneous section Identify clinical chemist

FREE PERMANENTLY

Use Ball Pen Only
Tick appropriate Green Blocks
Do Not Bend Form

(FOR LAB. USE ONLY)

260

28.9.84

Date Collected 28.9.84
Time Collected 1145 h

FOR NORMAL VALUES - SEE POCKET CARD

Clinical Details
IF PRIVATE PATIENT TICK ☐

Haemophilia:
② knee bleed.

Film Report (FOR LAB. USE ONLY)

269

Blast Cells %
Promyelo %
Myelo %
Metamyelo %
Neutro %
Lymph %
Mono %
Eosino %
Baso %
Nucleated RBC/100 WBC
Howell-Jolly Bodies
Basophilic Stippling

Rbc
Disseminated intravascular coagulation
plat. -

Film appears within normal limits

Date 28.9.84
Technician
Haematologist

GRO-C

ADDRESSOGRAPH LABEL OR

SUBNAME (BLOCK LETTERS) GRO-B

DATE OF BIRTH GRO-B 59

FIRST NAME GRO-B

DOCTOR REQUESTING EXAMINATION REPORT TO BE RETURNED TO

Dr Hulse.

Wed. 23

Use Ball Pen Only
Tick appropriate Green Blocks
Do Not Bend Form

(FOR LAB. USE ONLY)

12.11.84

Date Collected 12.11.84
Time Collected 1300 h

FOR NORMAL VALUES - SEE POCKET CARD

Clinical Details
IF PRIVATE PATIENT TICK ☐

Haemophilia
② knee bleed

High risk sample.

317
418
4.3
5.23
13.8
419
80
26.5
33.1

DATE CODE
LAB. No.
MCV fl
MCH pg
MCHC g/dl

Film Report (FOR LAB. L)

289

Blast Cells %
Promyelo %
Myelo %
Metamyelo %
Neutro %
Lymph %
Mono %
Eosino %
Baso %
Nucleated RBC/100 WBC
Howell-Jolly Bodies
Basophilic Stippling

Film appears within normal limits

Date
Technician
Haematologist

GRO-C

ADDRESSOGRAPH LABEL OR

SUBNAME (BLOCK LETTERS) GRO-B

DATE OF BIRTH GRO-B 59

FIRST NAME GRO-B

DOCTOR REQUESTING EXAMINATION REPORT TO BE RETURNED TO

Dr Hudson

Wed. 23

RISK

LOW HIGH
RISK SAMPLE

Use Ball Pen Only
Tick appropriate Green Blocks
Do Not Bend Form

(FOR LAB. USE ONLY)

0224 85

Date Collected 7.6.85
Time Collected 10 h

FOR NORMAL VALUES—
SEE POCKET CARD

Clinical Details

IF PRIVATE PATIENT TICK ☐

Father of

GRO-B

Film Report (FOR LAB. USE ONLY)

362

Blast Cells %
Promyelo %
Myelo %
Metamyelo %
Neutro %
Lymph %
Mono %
Eosino %
Baso %
Nucleated RBC/100WBC
Howell-Jolly Bodies
Basophilic Stippling

62
30
6
2

plate
Normal

Film appears within normal limits

Date 7.6.85

Technician
Haematologist

GRO-C

ADDRESSOGRAPH LABEL OR

SURNAME (BLOCK LETTERS) GRO-B

DATE OF BIRTH GRO-B

FIRST NAMES GRO-B

DOCTOR REQUESTING EXAM REPORT TO BE RETURNED TO

Dr. Luckman

GRO-C

Use Ball Pen Only
Tick appropriate Green Blocks
Do Not Bend Form

(FOR LAB. USE ONLY)

906

15.11.84

Date Collected 15.11.84
Time Collected 10⁰⁰ h

FOR NORMAL VALUES—
SEE POCKET CARD

Clinical Details

IF PRIVATE PATIENT TICK ☐

Haemophilia
AIDS Study
200 cell diff.
please + keep
Sphs card
High risk

906
2.9
5.08
13.0
376
78
15.6
32.8

MCV fl
MCH pg
MCHC g/dl

Film Report (FOR LAB. USE ONLY)

271

Blast Cells %
Promyelo %
Myelo %
Metamyelo %
Neutro %
Lymph %
Mono %
Eosino %
Baso %
Nucleated RBC/100WBC
Howell-Jolly Bodies
Basophilic Stippling

57
47
4
2

platelets - normal
leukopenia.

Film appears within normal limits

Date 15.11.84

Technician
Haematologist

GRO-C

ADDRESSOGRAPH LABEL OR

SURNAME (BLOCK LETTERS) GRO-B

DATE OF BIRTH GRO-B 69

FIRST NAMES GRO-B

DOCTOR REQUESTING EXAM REPORT TO BE RETURNED TO

Dr. Tucker

GRO-C

HIGH RISK

HAEMATATOLOGY

COULTER COUNTER® MODEL S PLUS II, III & IV
COULTER ELECTRONICS LTD., LUTON, BEDS.

TEST: ☐ CBC ☐ WBC ☐ Hgb ☐ Hct ☐ PLT ☐ PLT. SIZE ☐ DISTR. PLOT

PATIENT: _____ DATE _____

NURSE: _____ REPORT BY: _____

28/11/84 TEST No. 901

SA	OP CODES	NORMAL VALUES	ROUTINE
3.2	x10 ⁹ /L WBC	M 7.0 ± 3.0	☐ EMERGENCY
4.92	x10 ⁹ /L RBC	M 5.4 ± 0.9 F 4.8 ± 0.6	☐ OR IN AM
12.5	g/dL Hgb	M 16.0 ± 2.0 F 14.0 ± 2.0	REMARKS: CLINICAL DX
38.5	RATIO Hct	M 45 ± 0.7% F 41 ± 0.5%	
78.2	fL MCV	M 84 ± 7	
25.4	pg MCH	M 29.0 ± 3.0	
32.4	g/dL MCHC	M 34.0 ± 2.0	
13.1	** RDW	M 13.3 ± 2.4	
268	x10 ⁹ /L PLT	M 290 ± 150	
288	% Pct	M 0.235 ± 0.005	
10.7	fL MPV	M 82 ± 1.9	
16.7	*** PDW	M 16.5 ± 1.0	
48	% LYMPH	M 28 ± 13	
1.5	x10 ⁹ /L LYMPH	M 2.0 ± 1	

☐ DIFFERENTIAL

POLY	MORPH	1	2	3	4
BAND	POLYCHROM				
LYMPH	HYPOCHROM				
MONO	POIK				
EOS	TARGET				
BASO	SPHERO				
ATYP LYMPH	ANISO				
META	MICRO				
MYELO	MACRO				
PRO-MYELO	SICKLE CELLS				
BLAST	BASO STIP				
	VACUOLES				
	TOXIC GRAN				

MORPHOLOGY SYMBOLS
1. SLIGHT 3. MOD TO MARKED
2. MODERATE 4. MARKED

PT No. 9920037

HAEMATATOLOGY

COULTER COUNTER® MODEL S PLUS II, III & IV
COULTER ELECTRONICS LTD., LUTON, BEDS.

TEST: ☐ CBC ☐ WBC ☐ Hgb ☐ Hct ☐ PLT ☐ PLT. SIZE ☐ DISTR. PLOT

PATIENT: _____ DATE _____

NURSE: _____ REPORT BY: _____

15/11/84 TEST No. 906

SA	OP CODES	NORMAL VALUES	ROUTINE
2.9	x10 ⁹ /L WBC	M 7.0 ± 3.0	☐ EMERGENCY
5.08	x10 ⁹ /L RBC	M 5.4 ± 0.9 F 4.8 ± 0.6	☐ OR IN AM
13.0	g/dL Hgb	M 16.0 ± 2.0 F 14.0 ± 2.0	REMARKS: CLINICAL DX
39.6	RATIO Hct	M 45 ± 0.7% F 41 ± 0.5%	
77.9	fL MCV	M 84 ± 7	
25.6	pg MCH	M 29.0 ± 3.0	
32.8	g/dL MCHC	M 34.0 ± 2.0	
13.1	** RDW	M 13.3 ± 2.4	
271	x10 ⁹ /L PLT	M 290 ± 150	
282	% Pct	M 0.235 ± 0.005	
10.4	fL MPV	M 82 ± 1.9	
16.8	*** PDW	M 16.5 ± 1.0	
44	% LYMPH	M 28 ± 13	
1.3	x10 ⁹ /L LYMPH	M 2.0 ± 1	

☐ DIFFERENTIAL

POLY	MORPH	1	2	3	4
BAND	POLYCHROM				
LYMPH	HYPOCHROM				
MONO	POIK				
EOS	TARGET				
BASO	SPHERO				
ATYP LYMPH	ANISO				
META	MICRO				
MYELO	MACRO				
PRO-MYELO	SICKLE CELLS				
BLAST	BASO STIP				
	VACUOLES				
	TOXIC GRAN				

MORPHOLOGY SYMBOLS
1. SLIGHT 3. MOD TO MARKED
2. MODERATE 4. MARKED

PT No. 9920037

HAEMATOLOGY R.I.E. Tel. No. 187-229 2477		Use Ball Pen Only Tick appropriate Green Blocks Do Not Bend Form	
IFOR LAB. USE ONLY		Date Collected	15.11.84
906		Time Collected	10 ⁰⁰ h
15.11.84		NEW PATIENT/REPORTER	
		VENOUS/CAPILLARY BLOOD	
		FOR NORMAL VALUES - SEE POCKET CARD	
DATE CODE	LAB. No.	Clinical Details	
906	2.9	IF PRIVATE PATIENT TICK ☐	
5.08	13.0	Haemophilia	
396	78	APLS Study	
25.6	32.8	200 cell diff.	
		please + keep	
		Sphus card	
		High risk sample	
Platelets $\times 10^9/l$		Film Report (FOR LAB USE ONLY)	
ESR (West)		PCE	
Differential		Anisocytes mainly	
Blast Cells %		normochromic	
Promyelo %		some mild hypochromic	
Myelo %		few clefts	
Metamyelo %		10% of cells	
Neutro %		our represent	
Lymph %		platelets - normal	
Mono %		Leukopenia.	
Eosino %		Film appears within normal limits	
Baso %		Date 15.11.84	
Nucleated RBC/100WBC		Technician GRO-C	
Howell-Jolly Bodies		Haematologist	
Basophilic Stippling			
Blood Film			
Monospot			
LAP score			
Eosinophil $\times 10^9/l$			
Malaria Parasites			
Hain Stain			
Hb screen			
ADDRESSOGRAPH LABEL OR			
SURNAME (BLOCK LETTERS)		DATE OF BIRTH	
GRO-B		GRO-B 69	
FIRST NAMES		M/F	
GRO-B		M/F	
DOCTOR REQUESTING EXAM. REPORT TO BE RETURNED TO			
Dr Tucker Haem.			

(FOR LAB. USE ONLY)

901

28.11.84

DATE	28.11.84
TIME	11am

NEW PATIENT REQUEST

FOR NORMAL VALUES—
SEE POCKET CARD

Clinical Details

IF PRIVATE, PATIENT TICK ☐

*Haemophilia
APSS Study:
200 cell diff.
+ keep spleen
card please.*

Use Ball Pen Only
Tick appropriate Green Blocks
Do Not Bend Form

Date Collected 28/11/84

Time Collected 11am

NEW PATIENT REQUEST

FOR NORMAL VALUES—
SEE POCKET CARD

Clinical Details

IF PRIVATE, PATIENT TICK ☐

*Haemophilia
APSS Study:
200 cell diff.
+ keep spleen
card please.*

268

Blast Cells %	
Promyelo %	
Myelo %	
Metamyelo %	
Neutro %	60
Lymph %	36
Mono %	—
Eosino %	4
Baso %	
Nucleated RBC/100 WBC	
Powell-Jolly Bodies	
Basophilic Stippling	

Film Report (FOR LAB. USE ONLY)

lbc

Amocyte

monoblast

platelet

Film appears within normal limits

Date 28/11/84

Technician

Haematologist

ADDRESSOGRAPH LABEL		OR	
SURNAME (BLOCK LETTERS)		DATE OF BIRTH	
GRO-B		GRO-B 89	
FIRST NAMES	GRO-B	GRO-B	GRO-B
DOCTOR REQUESTING EXAM		REPORT TO BE RETURNED TO	
Dr Tucker		Haem	

HEMATOLOGY REPORT (FOR LAB. USE ONLY)		Use Ball Pen Only Tick appropriate Green Blocks Do Not Bend Form	
Date Collected 25/5/84 Time Collected 10:00 h		Date 25/5/84 Time Collected 10:00 h	
0072		FOR NORMAL VALUES— SEE POCKET CARD	
146 72 3.6 4.99 13.8 402 80 27.7 34.4		DATE CODE LAB. No. WBC RBC Hb Hct MCV fl MCH pg MCHC g/dl	
Clinical Details IF PRIVATE PATIENT TICK ☐		AIPS Study. 200 cell diff. please + keep counter card.	
Film Report (FOR LAB. USE ONLY)		Platelets normal.	
Blast Cells % Promyelo % Myelo % Metamyelo % 72 Neutro % 36 96 Lymph % 48 19 Mono % 9.5 13 Eosino % 6.5 Baso % Nucleated RBC/100WBC Howell-Jolly Bodies Basophilic Stippling Blood Film Monospot VLF Screen Schistocytes Malaria Parasite Hain Bodies RDS Screen		Film appears within normal limits Date 25/5/84 Technician Haematologist	
ADDRESSOGRAPH LABEL		OR	
GRO-B		DATE OF BIRTH	
Dr Tucker		RETURNED TO	

HAEMATOLOGY R.L.E. Tel. No. 031-223 2477		Use Ball Pen Only Tick appropriate Green Blocks Do Not Bend Form	
(FOR LAB. USE ONLY) 901		Date Collected 28.11.84 Time Collected 11am h	
28.11.84		NEW PATIENT/REPORTER VENOUS/CAPILLARY BLOOD	
DATE CODE 901 3.2 4.92 12.5 385 78 25.4 32.4		FOR NORMAL VALUES - SEE POCKET CARD Clinical Details IF PRIVATE PATIENT TICK ☐	
LAB. NO. 265		Haemophilia APTT Study 200 cell diff. + keep sphs card please.	
Film Report (FOR LAB USE ONLY) 265		265 Amoyte non-alkaline platelets!	
Blast Cells % Promyelo % Myelo % Metamyelo % 60 Neutro % 36 Lymph % - Mono % 4 Eosino % Baso % Nucleated RBC/100WBC Howell-Jolly Bodies Basophilic Stippling		Film appears within normal limits Date 28.11.84 Technician Haematologist	
ADDRESSOGRAPH LABEL SURNAME (BLOCK LETTERS) GRO-B		OR DATE OF BIRTH GRO-B 69	
FIRST NAMES GRO-B		DOCTOR REQUESTING EXAM REPORT TO BE RETURNED TO	
Dr Tucker		Haem	

UNIVERSITY of EDINBURGH

DEPARTMENT of BACTERIOLOGY

GRO-B

Patient No.
D. of B.

GRO-B

GRO-B

559 Sex : M

Report to : CAL

Location : Haematology Dept. - R1E

Reported on 31-Jan-85

Lab. No. : 2103/1/85

FIRST REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE

Blood-clotted JA54179

Taken on 29/01/85 DR J F PEUTHERER

CLINICAL VIROLOGY

UNIVERSITY of EDINBURGH

DEPARTMENT of BACTERIOLOGY

GRO-B

Patient No.
D. of B.

GRO-B

GRO-B

Sex : M

Report to : CAL

Location : Haematology Dept. - R1E

Reported on 06-Feb-85

Lab. No. : 2103/1/85

FINAL REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE

Radioimmunoassay for anti-HBc POSITIVE

Radioimmunoassay for anti-HBs POSITIVE

Radioimmunoassay for anti-HBe NEGATIVE

This result indicates past infection with Hepatitis B virus.

Blood-clotted JA54179

Taken on 29/01/85 DR J F PEUTHERER

CLINICAL VIROLOGY

THE ROYAL INFIRMARY OF EDINBURGH

DEPARTMENT OF CLINICAL CHEMISTRY

Date Printed **WED, 30 JAN 1985** Page **1**

DEPARTMENT OF CLINICAL CHEMISTRY									
Patient's Name		Registration No.		Sex	Date of Birth / Age	Ward	Hospital	Consultant/General Practitioner	
GRO-B		GRO-B		M	GRO-B 69	HAEM	RL	DR. C. A. LUDLAM	
Clinical Details and Relevant Treatment								Duty Clinical Chemist	
HAEMOPHILIA								DR. J. HAYES	

Clinical Details and Relevant Treatment

HAEMOPHILIA

BLOOD	Date of collection	290183	2.8
	Time of collection	*1500	S.D.
Urea	(2.5-6.6 mmol/L)	4.3	0.6
Sodium	(132-144 mmol/L)	141	3.9
Potassium	(3.3-4.7 mmol/L)	4.1	0.2
Total CO ₂	(24-30 mmol/L)	26	2.9
Bilirubin	(2-17 µmol/L)	4	5.6
Alanine Aminotransferase (ALT)	(10-40 units/L)	32	8.4
Alkaline Phosphatase	(40-100 units/L)	291	17
Gamma-Glutamyl Transferase (GGT)	(M 10-55 Units/L) (F 5-35 Units/L)	8	8.4
Total Protein	(60-80 g/L)	70	2.8
Albumin	(35-47 g/L)		
Calcium	(2.12-2.62 mmol/L)		
Phosphate	(Fasting) (0.8-1.4 mmol/L)		
Urate	(M 0.12-0.42 mmol/L) (F 0.12-0.26 mmol/L)		
Creatinine	(55-150 µmol/L)		
Aspartate Aminotransferase (AST)	(10-35 units/L)		
Urea Nitrogen (BUN)	(100-300 units/L)		
Cholesterol (SCLC)	(Under 55 20-150 mmol/L) (Over 55 35-140 mmol/L)		
Glucose	(Fasting) (3.8-5.8 mmol/L)		
Iron	(M 14-32 µmol/L) (F 10-29 µmol/L)		
Iron-Binding Capacity	(45-72 µmol/L)		
Hydrogen Ion	(38-44 µmol/L)		
CO ₂	(4.4-6.1 kPa)		
Arterial Bicarbonate	(21-0.275 mmol/L)		
PO ₂	(12-15 kPa)		
URINE	Start of collection		
	Duration of collection		
	Volume of sample		
Creatinine (mmol/vol)	(10-20 mmol/24h)		
Creatinine clearance	(5-150 ml/min)		
Calcium (mmol/vol)			
Phosphate (mmol/vol)	(15-50 mmol/24h)		
Sodium (mmol/vol)	(100-200 mmol/24h)		
Potassium (mmol/vol)	(25-100 mmol/24h)		
Protein (g/vol)	(<100 mg/24h)		

DO NOT FILE THIS SHEET PERMANENTLY UNLESS instructed to do so, or the patient is discharged

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MISCELLANEOUS TESTS (Venous Blood unless stated otherwise)

Date	Time	MISCELLANEOUS TESTS (Venous Blood unless stated otherwise)

INDEX OF CHARACTER CODES

HM - Haemolysed
TL - Too late for satisfactory analysis
* - New result in column

IS - Insufficient
XX - Result not yet available
C - Comment in miscellaneous section.

LP - Lipaemic
TC - Test cancelled (equipment failure)
Initials after report in miscellaneous section identify clinical chemist

FREE PERMANENTLY

(FOR LAB USE ONLY)		Date Collected <u>21/3/80</u> Time Collected <u>h</u>	
LAB No. <u>C38/37</u> TEST RESULTS :1 s s PTTK * C s F.D.P.s. mg/l E.L.T. min Clotting factor Assay % Bleeding Time (Ivy) min LE cells RBC folate µg/l Schilling without/with I.F. %		PLEASE NOTE GREEN BLOCKS - Unrefracted Test WHITE BLOCKS - By arrangement with lab. only USE SEPARATE FORM FOR EACH SECTION FOR NORMAL VALUES - SEE POCKET CARD Clinical Details If Private Patient Tick ☐	
(FOR LAB. USE ONLY)		Please enter name of Haematologist authorising test	
RISK OF INFECTION POST VIII = 0.74 u/ml PRE VIII = 0.24 u/ml 21/3/80			
Date / / Technician _____ Haematologist _____		GRO-C	
ADDRESSOGRAPH LABEL (SUBNAME IN BLOCK LETTERS) GRO-B GRO-B GRO-B		OR (DATE OF BIRTH) GRO-B 69 GRO-B REPORT TO BE RETURNED TO Dr RUSSEL WARD 23	

Use Ball Pen Only
Tick in appropriate Block
Do Not Bend Form

(FOR LAB USE ONLY)

26.06.84

LAB No. **C21**

TEST RESULTS

1	PTTK	C	s
F.D.P.s. mg/l			
E.L.T. min			
Clotting factor Assay %			
Bleeding Time (Ivy) min			
LE cells			
RBC folate ug/l			
Schilling without/with I.F. %			
BONE MARROW			

GREEN BLOCKS — Unrestricted Test
WHITE BLOCKS — By arrangement with lab. only

PLEASE NOTE

USE SEPARATE FORM FOR EACH SECTION

FOR NORMAL VALUES — SEE POCKET CARD

Clinical Details

If Private Patient Tick ☐

Please enter name of Haematologist authorising test

(FOR LAB. USE ONLY)

Inhibitor PTTK
Incubated 37°C for 1hr.
Normal: — 32
Patient: — 57
Normal/Patient 50/50 mix: — 35

Date / /

Technician

GRO-C

ADDRESSOGRAPH LABEL OR

SURNAME (BLOCK LETTERS) GRO-B

DATE OF BIRTH GRO-B 69

FIRST NAMES GRO-B

DOCTOR REQUESTING EXAMINER REPORT TO BE RETURNED TO

Shuttle Noen

Use Ball Pen Only
Tick appropriate Green Blocks
Do Not Bend Form

(LAB. USE ONLY)

0223 65

Date Collected 7.6.85

Time Collected 10 h

FOR NORMAL VALUES — SEE POCKET CARD

Clinical Details

IF PRIVATE PATIENT TICK ☐

GRO-B

hemophilia

Film Report (FOR LAB. USE ONLY)

* ???

Blast Cells %
Promyelo %
Myelo %
Metamyelo %
Neutro %
Lymph %
Mono %
Eosino %
Baso %
Nucleated RBC/100 WBC
Howell-Jolly Bodies
Basophilic Stippling

Film appears within normal limits

Date 7.6.85

Technician

Haematologist

GRO-C

ADDRESSOGRAPH LABEL OR

SURNAME (BLOCK LETTERS) GRO-B

DATE OF BIRTH GRO-B 69

FIRST NAMES GRO-B

DOCTOR REQUESTING EXAMINER REPORT TO BE RETURNED TO

Dr. Hudson

HAEMATOCYTOLOGY Tel. No. 031 223 2477		Use Ball Pen Only Tick appropriate Green Blocks Do Not Bend Form	
(FOR LAB. USE ONLY)		Date Collected 27/8	
257		Time Collected 9 h	
NEW PATIENT/REPORTER		VENOUS/CAPILLARY BLOOD	
DATE CODE		FOR NORMAL VALUES - SEE POCKET CARD	
LAB. No.		Clinical Details	
IF PRIVATE PATIENT TICK ☐		GRO-B	
Retic. %		Film Report (FOR LAB. USE ONLY)	
Platelets $\times 10^9/l$		ESR (West) mm in 1h	
Differential		Blast Cells %	
Promyelo %		Myelo %	
Metamyelo %		Neutro %	
Lymph %		Mono %	
Eosino %		Baso %	
Nucleated RBC/100WBC		Howell-Jolly Bodies	
Basophilic Stippling		Blood Film	
Monospot		LAP score	
Eosinophils $\times 10^9/l$		Malaria Parasites	
Heinz Bodies		HbS screen	
Date 27/85		Technician W. C.	
Haematologist		Haematologist	

ADDRESSOGRAPH LABEL		OR	
SURNAME (BLOCK LETTERS)		DATE OF BIRTH	
GRO-B		GRO-B 27	
GRO-B		GRO-B 27	
DOC		REPORT TO BE RETURNED TO	
CIAZ		Huen.	

HAEMATOCYTOLOGY Tel. No. 031 223 2477		Use Ball Pen Only Tick appropriate Green Blocks Do Not Bend Form	
(FOR LAB. USE ONLY)		Date Collected 26/6/8	
0097 '84		Time Collected h	
NEW PATIENT/REPORTER		VENOUS/CAPILLARY BLOOD	
DATE CODE		FOR NORMAL VALUES - SEE POCKET CARD	
LAB. No.		Clinical Details	
IF PRIVATE PATIENT TICK ☐		GRO-B	
Retic. %		Film Report (FOR LAB. USE ONLY)	
Platelets $\times 10^9/l$		ESR (West) mm in 1h	
Differential		Blast Cells %	
Promyelo %		Myelo %	
Metamyelo %		Neutro %	
Lymph %		Mono %	
Eosino %		Baso %	
Nucleated RBC/100WBC		Howell-Jolly Bodies	
Basophilic Stippling		Blood Film	
Monospot		LAP score	
Eosinophils $\times 10^9/l$		Malaria Parasites	
Heinz Bodies		HbS screen	
Date 27/85		Technician W. C.	
Haematologist		Haematologist	

ADDRESSOGRAPH LABEL		OR	
SURNAME (BLOCK LETTERS)		DATE OF BIRTH	
GRO-B		GRO-B 69	
GRO-B		GRO-B 69	
DOC		REPORT TO BE RETURNED TO	
CIAZ		Huen.	

(FOR LAB. USE ONLY)		Use Ball Pen Only Tick appropriate Green Blocks Do Not Bend Form
Date Collected	7.6.85	
Time Collected	10 h	

DATE CODE	FOR NORMAL VALUES— SEE POCKET CARD
LAB. No.	Clinical Details
	IF PRIVATE PATIENT TICK ☐
	Father of
	GRO-B

362	Film Report (FOR LAB. USE ONLY)
	Blast Cells %
	Promyelo %
	Myelo %
	Metamyelo %
62	Neutro %
30	Lymph %
6	Mono %
2	Eosino %
	Baso %
	Nucleated RBC/100WBC
	Howell-Jolly Bodies
	Basophilic Stippling
	Film appears within normal limits
	Date 7.6.85
	Technician
	Haematologist
	GRO-C

ADDRESSOGRAPH LABEL		OR
SURNAME (BLOCK LETTERS)	GRO-B	DATE OF BIRTH
FIRST NAMES	GRO-B	
DOCTOR REQUESTING EXAM		REPORT TO BE RETURNED TO
Dr. Luckman		them

(FOR LAB. USE ONLY)		Use Ball Pen Only Tick appropriate Green Blocks Do Not Bend Form
Date Collected	15.11.84	
Time Collected	10 ⁰⁰ h	

DATE CODE	FOR NORMAL VALUES— SEE POCKET CARD
LAB. No.	Clinical Details
	IF PRIVATE PATIENT TICK ☐
	Haemophilia
	AIDS Study
	200 cell diff.
	please + keep
	Sphs card
	High risk

27	Film Report (FOR LAB. USE ONLY)
	Blast Cells %
	Promyelo %
	Myelo %
	Metamyelo %
52	Neutro %
42	Lymph %
4	Mono %
2	Eosino %
	Baso %
	Nucleated RBC/100WBC
	Howell-Jolly Bodies
	Basophilic Stippling
	Film appears within normal limits
	Date 15.11.84
	Technician
	Haematologist
	GRO-C

ADDRESSOGRAPH LABEL		OR
SURNAME (BLOCK LETTERS)	GRO-B	DATE OF BIRTH
FIRST NAMES	GRO-B	69
DOCTOR REQUESTING EXAM		REPORT TO BE RETURNED TO
Dr. Tucker		Haem.
HIGH RISK		

ANONYMOUS

UNIVERSITY of EDINBURGH

DEPARTMENT of BACTERIOLOGY

Name :-

GRO-B

Patient No :
D. of B. :

GRO-B

GRO-B 1969 Sex : M

Report to : CAL / DR LUDLAM

Location : Haematology Dept. - RIE

Reported on 02-Aug-85

Lab. No. : 2163/7/85

FINAL REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE

Radioimmunoassay for anti-HBs POSITIVE

Radioimmunoassay for anti-HBc POSITIVE

Radioimmunoassay for specific anti-HBc IgM NEGATIVE

This result indicates past infection with hepatitis B virus.

Blood-clotted JA57855

Taken on 30/07/85 DR J F PEUTHERER

CLINICAL VIROLOGY

UNIVERSITY of EDINBURGH

DEPARTMENT of BACTERIOLOGY

Name :-

GRO-B

Patient No
D. of B. :

GRO-B

GRO-B 1969 Sex : M

Report to : CAL

Location : Haematology Dept. - RIE

Reported on 17-Oct-84

Lab. No. : 1255/10/84

FIRST REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE

Blood-clotted JA52112

Taken on 15-Oct-84 DR J F PEUTHERER

CLINICAL VIROLOGY

DEPARTMENT OF CLINICAL CHEMISTRY							
Patient's Name	Registration No.	Sex	Date of Birth/Age	Ward	Hospital	Consultant/General Practitioner	
GRO-B	GRO-B	M	GRO-B 69	HAEM	RL	DR. C. A. LUDLAM	
Clinical Details and Relevant Treatment						Duty Clinical Chemist	
HAEMOPHILIA						DR. D. MCCLURE	

[illegible]

DO NOT FILE THIS SHEET PERMANENTLY UNLESS instructed to do so, or the patent is discharged.

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HM - Haemolysed
TL - Too late for satisfactory analysis
* - New result in column

INDEX OF CHARACTER CODES
IS - Insufficient
XX - Result not yet available
C - Comment in miscellaneous section.

LP - Lipaemic
TC - Test cancelled (equipment failure)
Initials after report in miscellaneous section identify clinical chemist

FILE PERMANENTLY

THE (FOR L FOR		LAB No. C13		Date Collected 10/7/83 Time Collected 3.70 h	
TEST RESULTS		1 PROTHROMBIN TIME RATIO 5 THROMBIN TIME (C) 5 PTTK C		NEW PATIENT REPORTER COOTED/ANTICOAGULATED BLOOD	
5		5 F.D.P.s. mg/l 5 E.L.T. min 5 Clotting factor Assay % 5 Bleeding Time (Ivy) min		PLEASE NOTE GREEN BLOCKS - Unrestricted Test WHITE BLOCKS - By arrangement with lab	
5		5 LE cells		USE SEPARATE FORM FOR EACH SECTION FOR NORMAL VALUES - SEE POCKET CARD	
5		5 RBC folate µg/l 5 Schilling without/with I.F. % 5 BONE MARROW		Clinical Details If Private Patient Tick ☐ <i>Hemophilic</i> <i>Hg L Kc.</i> <i>P.T.T.K</i> <i>Inhibitor</i>	
(FOR LAB. USE ONLY)		Please enter name of Haematologist authorising test		9 8 7 6 5 4 3 2 1	
<i>Arrived too late for inhibitor PTTK.</i>					
GRO-C					
Date / / Technician Haematologist					
ADDRESSOGRAPH LABEL SURNAME, BLOCK OR DATE OF BIRTH					
GRO-B GRO-B GRO-B					
DOCTOR REQUESTING EXAM REPORT TO BE RETURNED TO <i>Kern</i>					
GRO-C					

THE (FOR LAB. USE ONLY)		Date Collected 30/7/85		Time Collected 3-35 h	
315		NEW PATIENT / REPORTED		VENOUS / CAPILLARY BLOOD	
212		FOR NORMAL VALUES - SEE POCKET CARD		Clinical Details	
315		IF PRIVATE PATIENT TICK ☐		Hemophiles	
2 3 2				High Risk	
4 4 91					
5 13 2					
14 8 89					
L 79					
27 270					
34 184 1				Haim A. Simon	
239		Film Report (FOR LAB. USE ONLY)		Plate: normal	
45		Neutro %		bc: onireyter	
46		Lymph %		monoblastic	
6		Mono %			
3		Eosino %			
1		Baso %			
2		Nucleated RBC/100 WBC			
		Howell-Jolly Bodies			
		Basophilic Stippling			
		Blood Film			
		Monospot			
		LAP score		Film appears within normal limits	
		Eosinophils $\times 10^9 / l$		Date 1/8/85	
		Malaria Parasites		Technician PR	
		Heinz Bodies		Haematologist	
		HbS screen			
ADDRESS		OR		DATE OF BIRTH	
SURNAME		SURNAME (BLOCK LETTERS)		GRO-B 69	
GRO-B		FIRST NAMES		SEX M/F	
GRO-B		REPORT TO BE RETURNED			
DOCTOR		DOCTOR		Haim	

ANONYMOUS

UNIVERSITY of EDINBURGH

DEPARTMENT of BACTERIOLOGY

Name :-

GRO-B

Patient No

GRO-B

D. of B.

GRO-B

1969 Sex : M

Report to : CAL

Location : Haematology Dept. - RIE

Reported on 02-Nov-84

Lab. No.

: 1255/10/84

FINAL REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE

Radioimmunoassay for anti-HBs POSITIVE

Radioimmunoassay for anti-HBe POSITIVE

Radioimmunoassay for specific anti-HBe IgM NEGATIVE

This result indicates past infection with hepatitis B virus.

Blood-clotted JAS2112

Taken on 15-Oct-84 DR J F PEUTHERER

CLINICAL VIROLOGY

UNIVERSITY of EDINBURGH

DEPARTMENT of BACTERIOLOGY

Name :-

GRO-B

Patient No

GRO-B

D. of B.

GRO-B

1969 Sex : M

Report to : CAL / DR LUDLAM

Location : Haematology Dept. - RIE

Reported on 31-Jul-85

Lab. No.

: 2163/7/85

FIRST REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE

Blood-clotted JAS7855

Taken on 30/07/85 DR J F PEUTHERER

CLINICAL VIROLOGY

HAEMATOLOGY DEPARTMENT				R. I. E.	
CLINICAL DETAILS DATE COLLECTED <u>5/9/85</u> TIME COLLECTED <u>12.30</u> ROUTINE ☒ EMERGENCY ☐ NEW PATIENT ☐ REPORTER ☐ ADDRESS (GROB) LABEL OR DISC GRO-B GRO-B GRO-B <u>89</u> <u>8</u> HOSPITAL No. <u>GRO-B</u> WARD / DEPT. <u>HADN</u> <u>Opinion</u> <u>Contn</u> <u>JE DABBE</u>				ANTICOAGULANT CONTR ☐ PROTHROMBIN TIME PATIENT S. RATIO (I.N.R.) :1 ☐ THROMBIN TIME PATIENT S. CONTROL S. COAGULATION SCREENING TESTS ☐ PROTHROMBIN TIME PATIENT S. CONTROL S. ☐ PTIK PATIENT S. CONTROL S. ☐ FIBRINOGEN g/l ☐ FDP (D-Dimer) mg/l. ☐ BLEEDING TIME mins. ☐ PLATELETS x10 ⁹ /l. ☐ FACTOR ASSAY (Please Specify) <u>Pre & Post FVIII levels</u> ☐ OTHER (Please Specify)	
USE SEPARATE FORM FOR EACH SECTION TICK APPROPRIATE BOX DATE RECEIVED <u>5/9/85</u> LAB. No. <u>C26</u> L.T.S. No. <u>P10D1</u> RESULT <u>C27</u> <u>P10D2</u> PHONED <u>1/1</u> hrs <u>MLSO</u>				RISK OF INFECTION IMMUNOHAEMATOLOGY ☐ SERUM HAPTOGLOBIN g/l ☐ SERUM METHAEMALBUMIN ☐ URINARY HAEMOSIDERIN ☐ ANF ☐ HbA2 % ☐ HbF % ☐ HbS SCREEN ☐ Hb ELECTROPHORESIS: ☐ OTHER (Please Specify) ☐ SERUM B12 ng/l ☐ SERUM FOLATE ug/l ☐ RBC FOLATE ug/l ☐ SCHILLING +/- I.F. % COMMENT: <u>PRE = 0.02 u/ml POST = 0.46</u> ☐ BONE MARROW	

THE ROYAL INFIRMARY OF EDINBURGH
DEPARTMENT OF CLINICAL CHEMISTRY

Date Printed WED, 29 JAN 1986 Page 1

Patient's Name GRO-B	Registration No. GRO-B	Sex M	Date of Birth/Age GRO-B 69	Ward HAEM	Hospital RL	Consultant/General Practitioner DR. C. A. LUDLAM
Clinical Details and Relevant Treatment HAEMOPHILIA						Duty Clinical Chemist DR. S W WALKER

BLOOD	Date of collection	280186									2.8
	Time of collection	*1515									S.D.
Urea	(2.5-6.6 mmol/L)	4.9									0.69
Sodium	(132-144 mmol/L)	140									3.9
Potassium	(3.3-4.7 mmol/L)	4.2									0.28
Total CO ₂	(24-30 mmol/L)	29									3.3
Bilirubin	(2-17 µmol/L)	5									5.6
Alkaline Phosphatase (ALP)	(10-40 units/L)	26									8.4
Alkaline Phosphatase	(10-100 units/L)	172									17
Gamma-Glutamyl Transferase (GGT)	(M 10-55 Units/L F 5-35 Units/L)	6									8.4
Total Protein	(60-80 g/L)	76									2.8
Albumin	(35-47 g/L)										
Calcium	(2.12-2.62 mmol/L)										
Phosphate	(Fasting 0.8-1.4 mmol/L)										
Urate	(M 0.12-0.42 mmol/L F 0.12-0.35 mmol/L)										
Creatinine	(65-150 µmol/L)										
Aspartate Aminotransferase (ASAT)	(10-35 units/L)										
Urea-Stable Lactate Dehydrogenase (U.S.L.D.)	(190-390 units/L)										
Tyrosine	(Under 85 70-150 nmol/L Over 85 80-160 nmol/L)										
Glucose	(Fasting 3.6-6.0 mmol/L)										
Iron	(M 14-32 µmol/L F 10-20 µmol/L)										
Iron-Binding Capacity	(45-72 µmol/L)										
Hydrogen Ion	(38-44 nmol/L)										
Pco ₂	(4.4-6.1 kPa)										
Arterial Bicarbonate	(21.0-27.5 mmol/L)										
Pco ₂	(12-15 kPa)										
URINE	Start of collection										
	Duration of collection										
	Volume of sample										
Creatinine (mmol/vol)	(10-20 mmol/24h)										
Creatinine clearance	(>100 ml/min)										
Calcium (mmol/vol)											
Phosphate (mmol/vol)	(15-50 mmol/24h)										
Sodium (mmol/vol)	(100-200 mmol/24h)										
Potassium (mmol/vol)	(25-100 mmol/24h)										
Protein (g/vol)	(<100 mg/24h)										
Date	Time	MISCELLANEOUS TESTS (Venous Blood unless stated otherwise)									

DO NOT FILE THIS SHEET PERMANENTLY UNLESS instructed to do so, or the patient is discharged.

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HM - Haemolysed
TL - Too late for satisfactory analysis
* - New result in column

INDEX OF CHARACTER CODES
IS - Insufficient
XX - Result not yet available
C - Comment in miscellaneous section.

LP - Lipaemic
TC - Test cancelled (equipment failure)
Initials after report in miscellaneous section identify clinical chemist

FREE PERMANENTLY

(FOR LAB. USE ONLY) 233		(For appropriate Green Blocks) Do Not Bend Form Date Collected 28 / 1 86 AME Time Collected 15:15 h NEW PATIENT/REPORTER VENOUS/CAPILLARY BLOOD		
29	DATE CODE	FOR NORMAL VALUES - SEE POCKET CARD		9
233	LAB. No.	Clinical Details		8
4.2		IF PRIVATE PATIENT TICK ☐		
5.26		RISK OF INFECTION		7
14.6				6
419				5
80	MCV fl			4
27.7	MCH pg	Hb A 8.5		3
34.8	MCHC g/dl			2
729	Retic %	Form Report (FOR LAB. USE ONLY)		1
GRO-B		GRO-C		
☒ Differential Blast Cells % Promyelo % Myelo % Metamyelo % Neutro % Lymph % Mono % Eosino % Baso % Nucleated RBC/100 WBC Howell-Jolly Bodies Basophilic Stippling Blood Film Monospot LAP score Eosinophilic x10 ⁹ /l Malaria Parasites Heinz Bodies RBC Screen		Film appears within normal limits Date 29 Technician GRO-C Haematologist		
ADDRESSOGRAPH LABEL		OR		
SURNAME (BLOCK LETTERS)		DATE OF BIRTH		
GRO-B		GRO-B 69		
FIRST NAMES		SEX		
GRO-B		M/F		
DOCTOR REQUESTING EXAM		REPORT TO BE RETURNED TO		
De hiddam		Heen		

VIROLOGY

EDINBURGH MEDICAL SCHOOL

DEPARTMENT of BACTERIOLOGY		Date of Birth : GRO-B 1969
Patient No : GRO-B	Name :	Sex : M
Report to : W23 - RIE	Location :	Date Taken : Date Received : Date Reported : 15-Mar-88

Lab. No. : 2187/1/86

FIRST REPORT
Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE
Radioimmunoassay for Hepatitis B e Antigen NEGATIVE
Radioimmunoassay for Hepatitis B Core Antigen NEGATIVE
Radioimmunoassay for Hepatitis B Core Antigen NEGATIVE
Radioimmunoassay for Hepatitis B Core Antigen NEGATIVE

Specimen(s) : Blood-clotted H01767
Taken on : 9-Mar-88 DR J F PEUTHERER

CLINICAL VIROLOGY

DEPARTMENT of BACTERIOLOGY

UNIVERSITY of EDINBURGH

Name :-

GRO-B

Patient No :
D. of B. :

GRO-B

GRO-B

Sex : M

Report to : CAL
Location : Haematology Dept. - RIE
Reported on 29-Jan-86
Lab. No. : 2187/1/86

FIRST REPORT
Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE

CLINICAL VIROLOGY

Blood-clotted JA61624
DR J F PEUTHERER

DEPARTMENT of		EDINBURGH MEDICAL SCHOOL	
Patient No	GRO-B	Date of Birth	GRO-B 1969
Name		Sex	M
Report to	DR C.A. LUDLAN/AUGER	Date Taken	20/03/89
Location	Haematology Dept. - RIE	Date Received	20/03/89
		Date Reported	29/03/89

EAST OF SCOTLAND HEPATITIS AND HIV REFERENCE LABORATORY 031 667 1011 EXT 2498
=====

Clotted Blood (No. H2052/89)

FIRST REPORT

Enzymeimmunoassay screen for antibody to HIV : POSITIVE
Confirmatory enzymeimmunoassay for antibody to HIV : POSITIVE

Specimen(s) : CB
Taken on : 20/03/89

UNIVERSITY of

DEPARTMENT of

NAME :-

GRO-B

Patient No :
D. of B.

GRO-B

GRO-B 1969 Sex : M

Report to : CAL

Location : Haematology Dept. - RIE

Reported on 07-Feb-86

Lab. No. : 2187/1/86

FINAL REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE
Radioimmunoassay for anti-HBs POSITIVE
Radioimmunoassay for anti-HBc POSITIVE
Radioimmunoassay for specific anti-HBc IgM NEGATIVE
This result indicates past infection with hepatitis B virus.

THE TOTAL INSTITUTION OF CONSUMPTION				Date Printed		WED 23 APR 1960		Page 1	
DEPARTMENT OF CLINICAL CHEMISTRY									
Patient's Name		Registration No.		Sex	Date of Birth/Age	Ward	Hospital	Consultant/General Practitioner	
GRO-B		GRO-B		M	GRO-B 69	HAEM	RL	DR. C.A. LUDLAM	
Clinical Details and Relevant Treatment								Duty Clinical Chemist	
HAEMOPHILIA								MISS L. TIBI	

BLOOD	Date of collection Time of collection
Urea	(2-5·6-6 mmol/L)
Sodium	(132-144 mmol/L)
Potassium	(3·3-4·7 mmol/L)
Total CO ₂	(24-30 mmol/L)
Bilirubin	(2-17 μmol/L)
Alanine Aminotransferase (ALT)	(10-40 units/L)
Alkaline Phosphatase	(40-100 units/L)
Gamma-Glutamyl Transferase (GGT) { M F }	{ 10-55 units/L }{ 5-35 Units/L }
Total Protein	(60-80 g/L)
Albumin	(35-47 g/L)
Calcium	(2·12-2·62 mmol/L)
Phosphate	(Fasting) (0·8-1·2 mmol/L)
Urae	(M F) (5·9-12·3 mmol/L)
Creatinine	(55-150 μmol/L)
Aspartate Aminotransferase (AST)	(10-35 units/L)
Urta Stable Leucocytes Dehydrogenase (USLD)	(100-300 units/L)
Thyroxine	(Under test) (55-150 nmol/L)
Glucose	(Fasting) (3·6-5·8 mmol/L)
Iron	(Male Female) (10-28 μmol/L)
Iron-Binding Capacity	(45-72 μmol/L)
Hydrogen Ion	(36-44 nmol/l)
Pco ₂	(4·4-6·1 kPa)
Arterial Bicarbonate	(21·0-27·5 mmol/L)
Po ₂	(12-15 kPa)
URINE	Start of collection Duration of collection Volume of sample
Creatinine (mmol/vol)	(10-20 mmol/24h)
Creatinine clearance	(>100 ml/min)
Calcium (mmol/vol)	
Phosphate (mmol/vol)	(15-50 mmol/24h)
Sodium (mmol/vol)	(100-200 mmol/24h)
Potassium (mmol/vol)	(25-100 mmol/24h)
Protein (g/vol)	(<100 mg/24h)
Date	MISCELLANEOUS TESTS (Venous Blood unless stated otherwise)
Time	

DO NOT FILE THIS SHEET PERMANENTLY UNLESS instructed to do so, or the patient is discharged.

COMPUTER SUPPLIES CO. 4170

HM - Haemolysed
TL - Too late for satisfactory analysis
* - New result in column

INDEX OF CHARACTER CODES
IS - Insufficient
XX - Result not yet available
C - Comment in miscellaneous section.

LP - Lipaemic
TC - Test cancelled (equipment failure).
Initials after report in miscellaneous section identify clinical chemist

FILE PERMANENTLY

THE ROYAL INFIRMARY OF EDINBURGH COMMON MOUNT		(FOR LAB. USE ONLY)		Do Not Bend Form	
FOR INPATIENTS PLEASE USE SEPARATE FORM FOR EACH TYPE OF REPORT				Date Collected	22.4.86
				Time Collected	10.45 h
				FOR NORMAL VALUES - SEE POCKET CARD	
				Clinical Details	
				IF PRIVATE PATIENT TICK ☐	
				Haemophilus	
				RISK OF INFECTION	
				Film Report (FOR LAB. USE ONLY)	
				GRO-C	
				Blast Cells %	
				Promyelo %	
				Myelo %	
				Metamyelo %	
				Neutro %	
				Lymph %	
				Mono %	
				Eosino %	
				Baso %	
				Nucleated RBC/100WBC	
				Howell-Jolly Bodies	
				Basophilic Stippling	
				Film appears within normal limits	
				Date	27
				Technician	GRO-C
				Haematologist	
				ADDRESSOGRAPH LABEL OR	
				SURNAME (BLOCK LETTERS)	
				DATE OF BIRTH	
				GRO-B	
				GRO-B 39	
				FIRST NAMES	
				GRO-B	
				DOCTOR REQUESTING EXAMINER REPORT TO BE RETURNED	
				GRO-C: C.R. Ludlam	
				Haem	

HAEMATOLOGY		THE ROYAL INFIRMARY OF COMMON MOUNT		(FOR LAB. USE ONLY)		Use Ball Pen Only Do not use Pencil or Ink Do not Bend Form	
FOR INPATIENTS PLEASE USE SEPARATE FORM FOR EACH TYPE OF EXAMINATION				269		Date Collected: 24/7/86 Time Collected: h	
				30,786		GRO-B	
				269		FOR NORMAL VALUES - SEE POCKET CARD	
				4.4		Clinical Details	
				5.53		IF PRIVATE PATIENT TICK ☐	
				14.5		RISK OF INFECTION	
				0.444			
				80.3			
				26.2			
				32.7		MCV fl MCH pg MCHC g/dl Haem A Sec	
				216		Film Report (FOR LAB. USE ONLY)	
				GRO-B		platelets normal.	
				Blast Cells %			
				Promyelo %			
				Myelo %			
				Metamyelo %			
				70 Neutro %			
				22 Lymph %			
				6 Mono %			
				2 Eosino %			
				Baso %			
				Nucleated RBC/100WBC			
				Howell-Jolly Bodies			
				Basophilic Stippling			
				Film appears within normal limits			
				Date 30/7/86			
				Technician GRO-C			
				Haematologist			
ADDRESSOGRAPH LABEL		OR		DATE OF BIRTH			
SURNAME (BLOCK LETTERS)		GRO-B		GRO-B 69			
FIRST NAMES		GRO-B					
DOCTOR REQUESTING EXAMINATION		REPORT TO BE RETURNED TO					
D. Hedder		Haem					

UNIVERSITY of ED

DEPARTMENT of BACTERIOLOGY

GRO-B

Patient No : GRO-B

D. of B. : GRO-B 1959 Sex : M

Report to : CAL

Location : Haematology Dept. - RIE

Reported on 26-Feb-87

Lab. No. : 2410/2/87

FIRST REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE

Blood-clotted H01478

Taken on 25-Feb-87 MR J ROSS

CLINICAL VIROLOGY

UNIVERSITY of EDINBURGH

DEPARTMENT of BACTERIOLOGY

Name :-

GRO-B

Patient No
of B.

GRO-B

GRO-B 1969 Sex :

Report to : CAL

Location : Haematology Dept. - RIE

Reported on 30-Jul-86

Lab. No. : 2320/7/86

FIRST REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE

UNIVERSITY of EDINBURGH

DEPARTMENT of BACTERIOLOGY

Name :-

GRO-B

Patient No
D. of B.

GRO-B

GRO-B

1969

Sex :

Report to : CAL

Location : Haematology Dept. - RIE

Reported on 05-Aug-86

Lab. No.

: 2320/7/86

FINAL REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE
Radioimmunoassay for anti-HBc NEGATIVE

Blood-clotted JA 66011

Taken on 29/07/86

DR J F PEUTHERER

UNIVERSITY of EDINBURGH

DEPARTMENT of BACTERIOLOGY

Name :-

GRO-B

Patient No
D. of B.

GRO-B

GRO-B

1969

Sex :

Report to : CAL

Location : Haematology Dept. - RIE

Reported on 08-Aug-86

Lab. No.

: 2320/7/86

FINAL REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE
Radioimmunoassay for anti-HBs POSITIVE
Radioimmunoassay for anti-HBc POSITIVE
Radioimmunoassay for specific anti-HBc IgM NEGATIVE
This result indicates past infection with hepatitis B virus.
PLEASE DISREGARD PREVIOUS REPORT FOR THIS SAMPLE

Blood-clotted JA 66011

Taken on 29/07/86

HAEMATOLOGICAL		THE ROYAL INFIRMARY OF EDINBURGH COMMON MOUNT		Date Collected <u>29/9/86</u> Time Collected <u>5.00</u> h NEW PATIENT/REPORTER VENOUS/CAPILLARY BLOOD	
0137 '86		29 986		DATE CODE	FOR NORMAL VALUES - SEE POCKET CARD
		137 "		LAB. No.	Clinical Details
		4.3		☐ PRIVATE PATIENT TICK HAEMOPHILIA RISK OF INFECTION	
		5.81			
		15.5			
		0.489			
		84.2			MCV fl
		26.7		MCH pg	
		31.7		MCHC g/dl	
-212		Film Report (FOR LAB. USE ONLY)			
GRO-B		Blast Cells % Promyelo % Myelo % Metamyelo % 67 Neutro % 32 Lymph % 1 Mono % Eosino % Baso % Nucleated RBC/100WBC Howell-Jolly Bodies Basophilic Stippling Blood Film Monospot LAP score Eosinophil Count Malaria Parasites Heinz Bodies Hb screen		Film appears within normal limits Date <u>29/9/86</u> Technician <u>GRO-C</u> Haematologist	
ADDRESSOGRAPH LABEL		OR			
SURNAME (BLOCK LETTERS)		DATE OF BIRTH			
GRO-B		GRO-B 89			
FIRST NAMES		SEX			
GRO-B		(M/F)			
DOCTOR REQUESTING EXAM		REPORT TO BE RETURNED TO			
GRO-C		HACN			

THE ROYAL INFIRMARY OF EDINBURGH DEPARTMENT OF CLINICAL CHEMISTRY				Date Printed	NEW / 20 / FEB 1961		Page 1
Name of Patient GRO-B	GRO-B	Registration No. GRO-B	Sex U	Date of Birth / Age	Ward HAEM	Hospital RL	Consultant / General Practitioner DR. C. A. LUDLAM
Clinical Details and Relevant Treatment HAEM A - SEVERE						Duty Clinical Chemist DR. P. GILES	

BLOOD	Date of collection Time of collection
Urea	(2-5-6 mmol/L)
Sodium	(132-144 mmol/L)
Potassium	(3-3-7 mmol/L)
Total CO ₂	(24-30 mmol/L)
Bilirubin	(2-17 µmol/L)
Alanine Aminotransferase (ALT)	(10-40 units/L)
Alkaline Phosphatase	(40-100 units/L)
Gamma Glutamyl Transferase (GGT) (M F)	(10-85 Units/L) (5-35 Units/L)
Total Protein	(60-80 g/L)
Albumin	(36-47 g/L)
Calcium	(2-12-2-62 mmol/L)
Phosphate	(Fasting) (0-8-1-4 mmol/L)
Urate	(M F) (0-12-0-42 mmol/L) (0-12-0-96 mmol/L)
Creatinine	(55-150 µmol/L)
Aspartate Amino transferase (AST)	(10-35 units/L)
Urta Glutamate Dehydrogenase (UGDH)	(100-300 units/L)
Glucose	(Fasting) (3-6-9 mmol/L)
Ferritin	(M F) (16-500 µg/L) (8-300 µg/L)
Thyroid Stimulating Hormone	(0-3-5-0 munits/L)
Thyrotoxicosis	(Under 65-145 nmol/L) (Over 65-140 nmol/L)
Hydroxide Ion	(36-44 mmol/L)
pCO ₂	(4-4-8-1 kPa)
Arterial Bicarbonate	(21-0-27-5 mmol/L)
pO ₂	(12-15 kPa)
URINE	Start of collection Duration of collection Volume of sample
Creatinine (mmol/vol)	(10-20 mmol/24h)
Creatinine clearance	(>100 ml/min)
Calcium (mmol/vol)	
Phosphate (mmol/vol)	(15-50 mmol/24h)
Sodium (mmol/vol)	(100-200 mmol/24h)
Potassium (mmol/vol)	(25-100 mmol/24h)
Protein (g/vol)	(<100 mg/24h)

DO NOT FILE THIS SHEET PERMANENTLY UNLESS instructed to do so, or the patient is discharged.

TRANSACTIONS OF THE AMERICAN SOCIETY OF MECHANICAL ENGINEERS 5765

22

GRO-C

HM - Haemolysed
TL - Too late for satisfactory analysis
* - New result in column

INDEX OF CHARACTER CODES
IS - Insufficient
XX - Result not yet available
C - Comment in miscellaneous section.

BC - Specimen tube broken
TC - Test cancelled (equipment failure)
Initials after report in miscellaneous section identify clinical chemist

FILE PERMANENTLY

(FOR LAB. USE ONLY)		Date Collected 24/2/87		Time Collected	
0387 '87 FE					
DATE CODE		FOR NORMAL VALUES - SEE POCKET CARD			
LAB. No.		Clinical Details			
387		IF PRIVATE PATIENT TICK ☐			
45		Haem A Sed			
5. 12.9		Leucocyte lymphocyte			
14. 21.9		cost			
1. 78					
27.9					
2. 35.6					
3. 22.6					
23.9					
Blast Cells %		INFECTION			
Promyelo %		RIS			
Myelo %		Plas			
Metamyelo %		normal			
60 Neutro %		Absolute counts may be inaccurate due to age of sample			
34 Lymph %					
20 Mono %					
27 Eosino %					
1 Baso %					
2 Nucleated RBC/100 WBC					
Howell-Jolly Bodies					
Basophilic Stippling					
Film appears within normal limits					
Date 25/2/87					
Technician VM					
Haematologist					
ADDRESSOGRAPH LABEL OR /					
GRO-B		DATE OF BIRTH			
GRO-B		GRO-B 09			
DOCTOR REQUESTING EXAM		REPORT TO BE RETURNED TO			
GRO-C		HAEMATOLOG			

UNIVERSITY of ED

DEPARTMENT of BACTERIOLOGY

NAME is

GRO-B

Patient No
D. of B.

GRO-B

GRO-B 1953 Sex : M

Report to : CAL

Location : Haematology Dept. - RIE

Reported on 26-Feb-87

Lab. No. : 2410/2/87

FIRST REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE

Blood-clotted H01478

Taken on 25-Feb-87 MR & ROSS

CLINICAL VIROLOGY

UNIVERSITY of EDINBURGH

DEPARTMENT of BACTERIOLOGY

NAME is

GRO-B

Patient No
D. of B.

GRO-B

GRO-B 1969 Sex : M

Report to : CAL

Location : Haematology Dept. - RIE

Reported on 30-Jul-86

Lab. No. : 2320/7/86

FIRST REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE

UNIVERSITY of EDINBURGH

DEPARTMENT of BACTERIOLOGY

Name :-

GRO-B

Patient No
D. of B.

GRO-B

GRO-B 969 Sex : M

Report to :

Location : CAL

Reaction : Haematology Dept. - RIE

Reported on 06-Mar-87

Lab. No. : 2410/2/87

FINAL REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE

Radioimmunoassay for anti-HBs POSITIVE

Radioimmunoassay for anti-HBc POSITIVE

Radioimmunoassay for specific anti-HBc IgM NEGATIVE

This result indicates past infection with hepatitis B virus.

Blood-clotted H01478

Taken on 25-Feb-87 MR R ROSS

CLINICAL VIROLOGY

UNIVERSITY of EDINBURGH

DEPARTMENT of BACTERIOLOGY

Name :-

GRO-B

Patient No
D. of B.

GRO-B

GRO-B 969 Sex : M

Report to : CAL

Location : Haematology Dept. - RIE

Reported on 12-Mar-87

Lab. No. : 2410/2/87

FINAL REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE

Radioimmunoassay for anti-HBs POSITIVE

Radioimmunoassay for anti-HBc POSITIVE

Radioimmunoassay for specific anti-HBc IgM NEGATIVE

This result indicates past infection with hepatitis B virus.

Blood-clotted H01478

Taken on 25-Feb-87 MR R ROSS

CLINICAL VIROLOGY

WITN2232036 0120

0164 '87 M		Collected 22/5/87 Time Collected	NAME
FOR NORMAL VALUES - SEE POCKET CARD		M5	
142	DATE CODE	Clinical Details	
164	LAB. No.	IF PRIVATE PATIENT TICK ☐	
3.3		Hemoglobin	
5.41		Leukocytes	
14.6		and	
434			
80	MCV fl		
27.0	MCH pg		
33.6	MCHC g/dl		
RISK OF INFECTION			
Film Repo		ONLY	
216			
Blast Cells %			
Promyelo %			
Myelo %			
Metamyelo %			
64	Neutro %		
27	Lymph %		
9	Mono %		
	Eosino %		
	Baso %		
	Nucleated RBC/100WBC		
	Howell-Jolly Bodies		
	Basophilic Stippling		
Film appears within normal limits			
Date 22/5/87			
Technician ME			
Haematologist			
ADDRESSOGRAPH LABEL		OR	
SURNAME (BLOCK LETTERS)		GRO-B 64	
GRO-B			
FIRST NAME			
GRO-B			
DOCTOR RECEIVED		REPORT TO BE RETURNED TO	
GRO-C		MAM	

THE ROYAL INFIRMARY OF EDINBURGH
 DEPARTMENT OF CLINICAL CHEMISTRY

Date Printed 10th JULY 1987 Page 1

Stationer's Mark	Sex	Date of Birth	Age	Ward	Hospital	Consultant/General Practitioner
GRO-B	M	GRO-B	69	23	RL	DR. C. A. LUDLAM
Clinical Details and Relevant Treatment						Duty Clinical Chemist
HAEMOPHILIA / KNEE BLEED						DR. P. GILES

 DO NOT FILE THIS SHEET PERMANENTLY UNLESS
 instructed to do so, or the patient is discharged.

BLOOD	Date of collection	22/05/87	060787							2.8
	Time of collection		*1220							S.D.
Urea	(2.5-6.6 mmol/L)		4.4							0.64
Sodium	(132-144 mmol/L)		139							3.9
Potassium	(3.3-4.7 mmol/L)		3.7							0.28
Total CO ₂	(24-30 mmol/L)		30							3.4
Bilirubin	(2-17 µmol/L)	9	8							5.6
Alanine Aminotransferase (ALT)	(10-40 units/L)	35	16							8.4
Alkaline Phosphatase	(40-100 units/L)	98	96							11
Gamma-Glutamyl Transferase (GGT)	(M 10-55 Units/L) (F 5-35 Units/L)	10	11							8.4
Total Protein	(60-80 g/L)	74	80							2.8
Albumin	(36-47 g/L)	48	50							2.2
Calcium	(2.12-2.62 mmol/L)		2.49							0.11
Phosphate	(Fasting) (0.8-1.4 mmol/L)		0.94							0.22
Urate	(M 0.12-0.42 mmol/L) (F 0.12-0.35 mmol/L)		0.30							0.28
Creatinine	(65-150 µmol/L)									
Aspartate Aminotransferase (AST)	(10-35 units/L)									
Urea-Stable Lactate Dehydrogenase (USLD)	(100-300 units/L)									
Glucose	(Fasting) (3.9-5.8 mmol/L)									
Ferritin	(M 10-350 µg/L) (F 5-300 µg/L)									
Thyroid Stimulating Hormone	(0.3-5.0 munits/L)									
Thyroxine	(Under 65-85-145 nmol/L) (Over 85-55-140 nmol/L)									
Hydrogen Ion	(36-44 nmol/L)									
Pco ₂	(4.4-6.1 kPa)									
Arterial Bicarbonate	(21.0-27.5 mmol/L)									
PO ₂	(12-15 kPa)									
URINE	Start of collection									
	Duration of collection									
	Volume of sample									
Creatinine (mmol/vol)	(10-20 mmol/24h)									
Creatinine clearance	(>100 ml/min)									
Calcium (mmol/vol)										
Phosphate (mmol/vol)	(15-50 mmol/24h)									
Sodium (mmol/vol)	(100-200 mmol/24h)									
Potassium (mmol/vol)	(25-100 mmol/24h)									
Protein (g/vol)	(<100 mg/24h)									
MISCELLANEOUS TESTS (Venous Blood unless stated otherwise)										
Date	Time									

 HM - Haemolysed
 TL - Too late for satisfactory analysis
 * - New result in column

 INDEX OF CHARACTER CODES
 IS - Insufficient
 XX - Result not yet available
 C - Comment in miscellaneous section.

 BU - Specimen tube broken
 TC - Test cancelled (equipment failure)
 Initials after report in miscellaneous section identify clinical chemist

FILE PERMANENTLY
 FILE PERMANENTLY

(FOR LAB. USE ONLY)		Date Collected 6.7.87		Time Collected 12.00 h		NAME	
0287 '87		GRO-B		NT			
67187		DATE CODE		FOR NORMAL VALUES - SEE POCKET CARD			
287		LAB. No.		Clinical Details			
4.8				IF PRIVATE PATIENT TICK ☐			
5.51				Haemoglobin			
15.0				FBC. Counters			
.442				Lymphocyte count. please.			
80		MCV fl		RISK OF INFECTION			
27.2		MCH dg					
33.9		MCHC g/dl					
		Film Report (FOR LAB. USE ONLY)					
		Blast Cells %		pleth removed			
		Promyelo %					
		Myelo %					
		Metamyelo %					
79		Neutro %					
19		Lymph %					
2		Mono %					
		Eosino %					
		Baso %					
		Nucleated RBC/100WBC					
		Howell-Jolly Bodies					
		Basophilic Stippling					
		Film appears within normal limits					
		Date 6.7.87					
		Technician					
		Haematologist					
ADDRESSOGRAPH LABEL		OR		GRO-B			
SURNAME (BLOCK LETTERS)		DATE OF BIRTH					
GRO-B		GRO-B 69					
FIRST NAMES							
GRO-B							
DOCTOR REQUESTING EXAM		REPORT TO BE RETURNED TO					
Dr. Chamberlain		Hand 23					

ANONYMOUS

DEPARTMENT OF CLINICAL CHEMISTRY			Date Printed			Page		
Reference Number	Registration No.	Sex	Date of Birth / Age	Ward	Hospital	Consultant / General Practitioner		
GRO-B	GRO-B	M	GRO-B 69	HAEM	RL	DR. C. A. LUDLAM		
Clinical Details and Relevant Treatment						Duty Clinical Chemist		
HAEMOPHILIA / KNEE BLEED						DR. J. E. ROULSTON		

BLOOD	Date of collection Time of collection	*021087
Urea	(2-5-6 mmol/L)	4.9
Sodium	(132-144 mmol/L)	142
Potassium	(3-3-7 mmol/L)	4.0
Total CO ₂	(24-30 mmol/L)	33
Bilirubin	(2-17 μmol/L)	6
Alanine Aminotransferase (ALT)	(10-40 units/L)	43
Alkaline Phosphatase	(40-100 units/L)	88
Gamma-Glutamyl Transferase (GGT)	(M 10-55 Units/L) (F 5-35 Units/L)	11
Total Protein	(60-80 g/L)	
Albumin	(36-47 g/L)	
Calcium	(2-12-2-62 mmol/L)	
Phosphate	(P 0.8-1.4 mmol/L) (N 0.12-0.42 mmol/L) (F 0.12-0.36 mmol/L)	
Urate	(M 0.12-0.42 mmol/L) (F 0.12-0.36 mmol/L)	
Creatinine	(55-150 μmol/L)	
Aspartate Aminotransferase (ASAT)	(10-35 units/L)	
Urea Stable Lactate Dehydrogenase (USLD)	(100-300 units/L)	
Glucose	(Fasting) 3.0-5.5 mmol/L (H 16-350 μg/dl) (L 8-350 μg/dl)	
Ferritin	(μg/l)	
Thyroid Stimulating Hormone	(0.3-5.0 munits/L)	
Thyroline	(Over 65 55-140 nmol/L)	
Hydrogen Ion	(36-44 nmol/L)	
Pco ₂	(4-6-1 kPa)	
Arterial Bicarbonate	(21-0-27-5 mmol/L)	
Po ₂	(12-15 kPa)	
URINE	Start of collection Duration of collection Volume of sample	
Creatinine (mmol/vol)	(10-20 mmol/24h)	
Creatinine clearance	(>100 ml/min)	
Calcium (mmol/vol)		
Phosphate (mmol/vol)	(15-50 mmol/24h)	
Sodium (mmol/vol)	(100-200 mmol/24h)	
Potassium (mmol/vol)	(25-100 mmol/24h)	
Protein (g/vol)	<100 mg/24h)	
Date	Time	MISCELLANEOUS TESTS (Venous Blood unless stated otherwise)

HM - Haemolysed
TL - Too late for satisfactory analysis
* - New result in column

INDEX OF CHARACTER CODES
IS - Insufficient
XX - Result not yet available
C - Comment in miscellaneous section.

BC - Specimen tube broken
TC - Test cancelled (equipment failure)

FILE PERMANENTLY

Initials after report in miscellaneous section identify clinical chemist

FOR NORMAL VALUES - SEE POCKET CARD		DATE CODE	LAB. No.	Clinical Details	IF PRIVATE PATIENT TICK ☐
021087					
307					
4.2					
5.24					
14.0					
417					
80					
20.7					
33.6					

Haem A
Severe
coverts lymphocytes please

RISK OF INFECTION
Plat normal
occ giant
from
Rbc Anisocytosis
nemoblasts
wh: occ lymph
reactive

Film appears within normal limits
Date *2 10 87*
Technician *S.*
Haematologist

ADDRESSOGRAPH LABEL
SURNAME *GRO-B*
FIRST NAME *GRO-B*
DIRECTOR REQUESTING *GRO-C: Dr. Ludlam*
OR
DATE OF BIRTH *GRO-B*
PORT TO BE RETURNED TO *GRO-C*

DEPARTMENT of BACTERIOLOGY

UNIVERSITY of EDINBURGH MEDICAL SCHOOL

Patient No : Name :	GRO-B	Date of Birth : Sex :	GRO-B M
Report to : Location :	CAL / DR CUTHBERT Haematology Dept. - RIE	Date Taken : Date Received : Date Reported :	 16-Oct-87

Lab. No. : 295/10/87

FINAL REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE
 Radioimmunoassay for anti-HBs POSITIVE
 Radioimmunoassay for anti-HBc POSITIVE
 Radioimmunoassay for specific anti-HBc IgM NEGATIVE
 This result indicates past infection with hepatitis B virus.

Specimen(s) : Blood-clotted H07246
 Taken on : 2-Oct-87 MR R ROSS

CLINICAL VIROLOGY

DEPARTMENT of BACTERIOLOGY

UNIVERSITY of

Patient No : Name :	GRO-B	Date : Sex :	GRO-B M
Report to : Location :	CAL / DR CUTHBERT Haematology Dept. - RIE	Date Taken : Date Received : Date Reported :	 06-Oct-87

Lab. No. : 295/10/87

FIRST REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE

Specimen(s) : Blood-clotted H07246
 Taken on : 2-Oct-87 MR R ROSS

CLINICAL VIROLOGY

ANONYMOUS

DEPARTMENT OF CLINICAL CHEMISTRY		Date Printed		Page	
Patient's Name	Registration No.	Sex	Date of Birth/Age	Ward	Hospital
GRO-B		M		23	RL
Clinical Data and Relevant Treatment				Consultant/General Practitioner	
CAT 3				Duty Clinical Chemist	
				DR. C. A. LUDLAM	
				DR. S. W. WALKER	

[illegible]

COMPUTER SUPPLY, INC. : TEL. 7456

DO NOT FILE THIS SHEET PERMANENTLY UNLESS instructed to do so, or the patient is discharged

Date	Time	MISCELLANEOUS TESTS (Venous Blood unless stated otherwise)

HM - Haemolysed
TL - Too late for satisfactory analysis
* - New result in column

INDEX OF CHARACTER CODES
IS - Insufficient
XX - Result not yet available
C - Comment in miscellaneous section

BC - Specimen tube broken
TC - Test cancelled (equipment failure)
Initials after report in miscellaneous section identify clinical chemist

~~FILE PERMANENTLY~~

Time Collected 12.10		NAME
0351	88	NT
11.188	DATE CODE	FOR NORMAL VALUES - SEE POCKET CARD
3851	LAB. No.	Clinical Details
3.3		IF PRIVATE PATIENT TICK ☐
5.42		HAEMOPHILIA
14.5		could be lymphocytes please
435		
80	MCV fl	
26.8	MCH pg	
33.4	MCHC g/dl	
713	Film Report (FOR LAB USE ONLY)	
	Plats	
	Blast Cells %	appear normal
	Promyelo %	
	Myelo %	
	Metamyelo %	etc
54	Neutro %	anisognic
34	Lymph %	normochromic
8	Mono %	occ. elliptocyte
4	Eosino %	
	Baso %	
	Nucleated RBC/100 WBC	
	Howell-Jolly Bodies	
	Basophilic Stippling	
	Film appears within normal limits	
	Date 11/1/88	
	Technician eu	
	Haematologist	
ADDRESSOGRAPH LABEL		OR
SURNAME (BLOCK LETTERS)		DATE OF BIRTH
GRO-B		GRO-B 67
FIR		
GRO-B		
DOCTOR REQUESTED		REPORT TO BE RETURNED TO
Dr Cuthbert		WARD 23

GRO-B		Date of Birth	GRO-B 1969
		Sex	M
		Date Taken	20/03/89
		Date Received	20/03/89
		Date Reported	03/04/89

UNIVERSITY OF SCOTLAND HEPATITIS AND HIV REFERENCE LABORATORY 031 667 1011 EXT GRO-C

Clotted Blood (No. H2052/89)

FINAL REPORT

Enzymeimmunoassay screen for antibody to HIV : POSITIVE ✓
 Confirmatory enzymeimmunoassay for antibody to HIV : POSITIVE
 Enzymeimmunoassay for HIV antigen : NEGATIVE

Specimen(s): CB
 Taken on : 20/03/89

CLINICAL VIROLOGY
 DR J.F. PEUTHERER

UNIVERSITY of EDINBURGH DEPARTMENT of BACTERIOLOGY
 EAST OF SCOTLAND HIV REFERENCE LABORATORY
 (031) 667 1011 Ext. GRO-C

Name: GRO-B Patient No: GRO-B

Report to : DR LUDLAM
 W.23

REPORT RELEASED 18-JAN-88

Enzymeimmunoassay for anti-HIV : POSITIVE ✓

GRO-C

Serum sample H00212/88
 Taken on 11/1/1988

CLINICAL VIROLOGY
 Dr J F Peutherer

DEPARTMENT of BACTERIOLOGY

UNIVERSITY of EDINBURGH MEDICAL SCHOOL

Patient No :
Name :

GRO-B

Date of Birth :
Sex :

GRO-B

Report to :
Location :

W23 - R15

Date Taken :
Date Received :
Date Reported :

19-Jan-88

Lab. No. : 528/3/88

FINAL REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE

Specimen(s) :

Specimen(s) : 501767

CLINICAL VIROLOGY

Location :

Specimen(s) : 501767

DEPARTMENT of BACTERIOLOGY

UNIVERSITY of EDINBURGH MEDICAL SCHOOL

Patient No :
Name :

GRO-B

Date of Birth :
Sex :

GRO-B

Report to :
Location :CAL
W23 - R15Date Taken :
Date Received :
Date Reported :

19-Jan-88

Lab. No. : 570/1/88

FINAL REPORT

Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE
Radioimmunoassay for anti-HBc NEGATIVE

Specimen(s) :

Specimen(s) : 50212

CLINICAL VIROLOGY

Location :

Specimen(s) : 50212

DEPARTMENT of BACTERIOLOGY		EDINBURGH MEDICAL SCHOOL	
Patient No :	GRO-B	Date of Birth :	GRO-B 1969
Name :		Sex :	M
Report to :	W23 - RIE	Date Taken :	
Location :		Date Received :	
		Date Reported :	18-Mar-88

Lab. No. : 2187/1/86

FIRST REPORT
 Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE
 Radioimmunoassay for Hepatitis B e-Antigen NEGATIVE
 Radioimmunoassay for Hepatitis B Core Antigen NEGATIVE
 Radioimmunoassay for Hepatitis B Core Antigen NEGATIVE
 The results indicate no infection with Hepatitis B virus.

Specimen(s): Blood-clotted H01767
 Taken on : 9-Mar-88 DR J F PEUTHERER

CLINICAL VIROLOGY

DEPARTMENT of BACTERIOLOGY

UNIVERSITY of EDINBURGH

Name :-

GRO-B

Patient No
D. of B.

GRO-B

GRO-B 1969 Sex : M

Report to : CAL
 Location : Haematology Dept. - RIE
 Reported on 29-Jan-86 Lab. No. : 2187/1/86

FIRST REPORT
 Radioimmunoassay for Hepatitis B Surface Antigen NEGATIVE

CLINICAL VIROLOGY

Blood-clotted JA61624
 DR J F PEUTHERER

HAEMATOLOGY

THE ROYAL INFIRMARY OF EDINBURGH
COMMON MOUNTFOR INPATIENTS PLEASE USE SEPARATE FORM
FOR EACH TYPE OF REPORTRESULT
PHONED:

MLSC

0328 288
09 03 88MAR - 9 14:20
328 M

M5

DATE

TEST No.

3.0	x 10 ⁹ /l	WBC
61.9	%	NEUT
29.8	%	LYMPH
8.3	%	M/E/B
5.41	10 ¹² /l	RBC
14.5	g/dl	Hb
43.4	RATIO	Hct
80.2	fl	MCV
26.8	pg	MCH
33.4	g/dl	MCHC
185	x 10 ⁹ /l	PLT
	x 10 ⁹ /l	CORRECTED WBC

VISUAL DIFFERENTIAL

Blast Cells %

Promyelo %

Myelo %

Metamyelo %

Neutro %

Lymph %

Mono %

Eosino %

Beso %

Nucleated RBC / 100 WBC

RETIC x 10⁹/l

RETIC %

ESR (West mm/hr)

MONOSPOT

FILM COMMENT:

APPEARS NORMAL ☐

MICROCYTOSIS

POLYMORPH LEUCOCYTOSIS

MACROCYTOSIS

TOXIC GRANULATION

POIKILOCYTOSIS

PLATELETS NORMAL

HYPOCHROMIA

REDUCED

POLYCHROMASIA

INCREASED

REQUEST FORM

APPROPRIATE BOX

FBC ☒

OTHER (PLEASE SPECIFY)

MONOSPOT ☐MALARIA ☐

CLINICAL DETAILS

Haemophilia

Htem

RISK OF INFECTION

DATE COLLECTED 9/3/88

TIME COLLECTED 12.00

ROUTINE ☒EMERGENCY ☐NEW PATIENT ☐REPORTER ☐

ADDRESSOGRAPH LABEL

OR

DOCTOR

JURNAL

GRO-B

Dr

FIRST NAME

GRO-B

Cumber

GRO-B

SEX

m

GRO-B

Rie

GRO-B

WARD / DEPT

23.

JB-D7767

THE ROYAL INFIRMARY OF EDINBURGH
DEPARTMENT OF CLINICAL CHEMISTRY

Date Printed: WED, 6 SEP 1989 Page: 1

Patient's Name		Registration No.	Sex	Date of Birth/Age	Ward	Hospital	Consultant/General Practitioner
GRO-B			M	GRO-B 69	HM/C	RL	DR. C. A. LUDLAM
HAEM A MOD						Duty Clinical Chemist	
						DR. P. RAE	

BLOOD		Date of collection	090388	200389	050989	2.8
		Time of collection	1200	1140	*1500	S.D.
Urea	(2.5-6.6 mmol/L)				6.2	0.97
Sodium	(132-144 mmol/L)		138		139	3.9
Potassium	(3.3-4.7 mmol/L)		3.8		3.8	0.28
Total CO ₂	(24-30 mmol/L)				29	3.3
Bilirubin	(2-17 umol/L)		9	8	8	5.6
Alanine Aminotransferase (ALT)	(40-100 Units/L)		29	38	27	3.4
Alkaline Phosphatase	(40-100 units/L)		83	98	76	11
Gamma (Glutamyl) Transferase (GGT)	(M 10-45 Units/L) (F 5-35 Units/L)		7	16	4	3.4
Total Protein	(60-80 g/L)					
Albumin	(35-47 g/L)		44			2.2
Calcium	(2.12-2.62 mmol/L)					
Phosphate	(0.8-1.4 mmol/L)					
Urate	(M 0.12-0.42 mmol/L) (F 0.12-0.36 mmol/L)					
Creatinine	(50-150 umol/L)		81			15
Aspartate Aminotransferase (AST)	(10-35 units/L)					
Urea Nitrogen	(100-300 units/L)					
Dehydrogenase (U.S.C.)	(Fasting)					
Glucose	(8.3-12.5 mmol/L)					
Ferritin	(0-1000 ug/L)					
Thyroid Stimulating Hormone	(0.35-0.5 m units/L)					
Free Thyroxine	(9-23 pmol/L)					
Hydrogen Ion	(35-44 mmol/L)					
PCO ₂	(4.4-5.1 kPa)					
Arterial Bicarbonate	(21.0-27.5 mmol/L)					
Pn ₂	(12-15 kPa)					
URINE		Start of collection				
		Duration of collection				
		Volume of sample				
Creatinine (mmol/mol)	(10-20 mmol/24h)					
Creatinine clearance	(>100 ml/min)					
Calcium (mmol/mol)						
Phosphate (mmol/mol)	(15-50 mmol/24h)					
Sodium (mmol/mol)	(100-200 mmol/24h)					
Potassium (mmol/mol)	(25-100 mmol/24h)					
Protein (g/mol)	(<100 mg/24h)					
Date		Time	MISCELLANEOUS TESTS (Venous Blood unless stated otherwise)			

DO NOT FILE THIS SHEET PERMANENTLY UNLESS instructed to do so, or the patient is discharged.

HM - Haemolysed
TL - Too late for satisfactory analysis
* - New result in column

INDEX OF CHARACTER CODES
IS - Insufficient
XX - Result not yet available
C - Comment in miscellaneous section

BC - Specimen tube broken
TC - Test cancelled (equipment failure)
Initials after report in miscellaneous section identify clinical chemist

FILE PERMANENTLY

GRO-B	Date of Birth	GRO-B 969
	Sex	M
Rhesus : Rh+ Blood group : R1E	Date Taken	20/03/89
	Date Received	20/03/89
	Date Reported	03/04/89

EAST OF SCOTLAND HEPATITIS AND HIV REFERENCE LABORATORY 031 667 1011 EXT GRO-C

Clotted Blood (No. H2052/89)

FINAL REPORT

Enzymeimmunoassay screen for antibody to HIV : POSITIVE ✓
 Confirmatory enzymeimmunoassay for antibody to HIV : POSITIVE
 Enzymeimmunoassay for HIV antigen : NEGATIVE

Specimen(s): CB
 Taken on : 20/03/89

CLINICAL VIROLOGY
 DR J.F. PEUTHERER

UNIVERSITY of EDINBURGH DEPARTMENT of BACTERIOLOGY
 EAST OF SCOTLAND HIV REFERENCE LABORATORY
 (031) 667 1011 Ext. GRO-C

Name:-

GRO-B

Patient No :

GRO-B

Report to : DR LUDLAM
 W.23

REPORT RELEASED 18-JAN-88

Enzymeimmunoassay for anti-HIV : POSITIVE ✓

GRO-C

Serum sample H00212/88
 Taken on 11/1/1988

CLINICAL VIROLOGY
 Dr J F Peutherer

THE ROYAL INFIRMARY OF EDINBURGH

DEPARTMENT OF CLINICAL CHEMISTRY

Date Printed **TUE - 21 MCH 1989** Page **1**

Patient's Name		Registration No.	Sex	Date of Birth/Age	Ward	Hospital	Consultant/General Practitioner
GRO-B		GRO-B	M	GRO-B 69	HAEM	RL	DR. C. A. LUDLAM
Relevant Treatment							Duty Clinical Chemist
HAEMOPHTI TA							DR. D. JARVIE

BLOOD	Date of collection Time of collection	090388 1200	200389 *1140						2.8 S.D.
Urea	(2.5-6.6 mmol/L)								
Sodium	(132-144 mmol/L)	138							3.9
Potassium	(3.3-4.7 mmol/L)	3.8							0.28
Total CO ₂	(24-30 mmol/L)								
Bilirubin	(2-17 umol/L)	9	8						5.6
Alanine Aminotransferase (ALT)	(10-40 Units/L)	29	38						8.4
Alkaline Phosphatase	(40-100 units/L)	83	98						11
Gamma Glutamyl Transferase (GGT)	(M 10-55 Units/L F 5-35 Units/L)	7	16						8.4
Total Protein	(60-80 g/L)								
Albumin	(36-47 g/L)	44							2.2
Calcium	(2.12-2.52 mmol/L)								
Phosphate	(Fasting 0.8-1.4 mmol/L)								
Urate	(M 0.12-0.42 mmol/L F 0.12-0.36 mmol/L)								
Creatinine	(55-150 umol/L)	81							15
Aspartate Aminotransferase (AST)	(10-35 units/L)								
Urinary Urate Dehydrogenase (UUDH)	(100-300 units/L)								
Glucose	(Fasting 3.5-5.5 mmol/L)								
Ferritin	(M 16-350 ug/L F 8-300 ug/L)								
Thyroid Stimulating Hormone	(0.3-5.0 m units/L)								
Free Thyroxine	(9-23 pmol/L)								
Hydrogen Ion	(36-44 nmol/L)								
PCO ₂	(4.4-6.1 kPa)								
Arterial Bicarbonate	(21.0-27.6 mmol/L)								
PO ₂	(12-15 kPa)								
URINE	Start of collection Duration of collection Volume of sample								
Creatinine (mmol/mol)	(10-20 mmol/24h)								
Creatinine clearance	(>100 ml/min)								
Calcium (mmol/mol)									
Phosphate (mmol/mol)	(15-50 mmol/24h)								
Sodium (mmol/mol)	(100-200 mmol/24h)								
Potassium (mmol/mol)	(25-100 mmol/24h)								
Protein (g/dl)	(<100 mg/24h)								

COMPUTER SUPPLIES CO. REF. 7454

DO NOT FILE THIS SHEET PERMANENTLY UNLESS instructed to do so, or the patient is discharged.

Date	Time	MISCELLANEOUS TESTS (Venous Blood unless stated otherwise)
------	------	--

DATE	TIME	

HM - Haemolysed
TL - Too late for satisfactory analysis
* - New result in column

INDEX OF CHARACTER CODES
IS - Insufficient
XX - Result not yet available
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TC - Test cancelled (equipment failure)
Initials after report in miscellaneous section identify clinical chemist

FREE PERMANENTLY

G
R
O
B

HAEMATOTOLOGY R. I. E.

RESULT
PHONED:

NUMBER

NAME

M5

20 / 3 / 89

DATE

TEST No. 47

6.4	x 10 ⁹ /l	WBC	VISUAL DIFFERENTIAL	
82.4	%	NEUT	Blast Cells %	
10.2	%	LYMPH	Promyelo %	
7.4	%	M/E/B	Myelo %	
			Metamyelo %	
			Neutro %	79
6.06	10 ¹² /l	RBC	Lymph %	17
16.3	g/dl	Hb	Mono %	4
0.490	RATIO	Hct	Eosino %	
80.9	f	MCV	Baso %	
26.9	pg	MCH	Nucleated RBC / 100 WBC	
33.3	g/dl	MCHC	RETIC x 10 ⁹ /l	
			RETIC %	
			ESR (West) mm/hr	
218	x 10 ⁹ /l	PLT	MONOSPOT	
	x 10 ⁹ /l	CORRECTED WBC		

FILM COMMENT:

APPEARS NORMAL ☐

MICROCYTOSIS		POLYMORPH LEUCOCYTOSIS	
MACROCYTOSIS		TOXIC GRANULATION	
POIKILOCYTOSIS		PLATELETS NORMAL	☒
HYPOCHROMIA		REDUCED	
POLYCHROMASIA		INCREASED	

REQUEST FORM

TICK APPROPRIATE BOX

FBC ☒

OTHER (PLEASE SPECIFY)

MONOSPOT ☐MALARIA ☐

CLINICAL DETAILS

HAEMOPHILIA

RISK OF INFECTION

IF PRIVATE PATIENT

DATE COLLECTED 20/3/89

TIME COLLECTED 11.40

ROUTINE ☒EMERGENCY ☐NEW PATIENT ☐REPORTER ☐

ADDRESSOGRAPH LABEL

OR

DOCTOR

SURNAME (BLOCK LETTERS)

GRO-B

DX
RUGER

FIRST NAMES

GRO-B

HOSPITAL

RIE

GRO-B

SEX

M

HOSPITAL No.

GRO-B

WARD / DEPT.

HAEMOPHILIA

GRO-C

CENTRE

J4-0778

THE ROYAL INFIRMARY OF EDINBURGH
 DEPARTMENT OF CLINICAL CHEMISTRY
Date Printed **WED, 6 SEP 1989** Page **1**

Patient's Name GRO-B	Registration No. GRO-B	Sex M	Date of Birth/Age GRO-B 69	Ward HM/C	Hospital RL	Consultant/General Practitioner DR. C. A. LUDLAM
Haem A MOD						Duty Clinical Chemist DR. P. RAE

BLOOD	Date of collection	090388	200389	050989						2.8
	Time of collection	1200	1140	*1500						S.D.
Urea (2.5-6.6 mmol/L)				6.2						0.97
Sodium (132-144 mmol/L)		138		139						3.9
Potassium (3.3-4.7 mmol/L)		3.8		3.8						0.28
Total CO ₂ (24-30 mmol/L)				29						3.3
Bilirubin (2-17 umol/L)		9	8	8						5.6
Alanine Aminotransferase (10-40 Units/L)		29	38	27						2.4
Alkaline Phosphatase (43-109 units/L)		83	98	76						1.1
Gamma Glutamyl Transaminase (GGT) (M 10-45 Units/L, F 5-35 Units/L)		7	16	4						3.4
Total Protein (60-80 g/L)										
Albumin (38-47 g/L)		44								2.2
Calcium (2.12-2.62 mmol/L)										
Phosphate (Fasting 0.8-1.4 mmol/L)										
Urate (M 0.12-0.42 mmol/L, F 0.12-0.36 mmol/L)										
Creatinine (50-150 umol/L)		81								15
Aspartate Aminotransferase (AST) (10-35 units/L)										
Urea-Stable Lactate Dehydrogenase (U.S.L.D.) (100-350 units/L)										
Glucose (Fasting 3.5-5.8 mmol/L, M 3.5-5.8 mmol/L, F 3.5-5.8 mmol/L)										
Penilin (F 8-300 u/L)										
Thyroid Stimulating Hormone (0.35-0 m units/L)										
Free Thyroxine (5-23 pmol/L)										
Hydrogen Ion (35-44 mmol/L)										
PCO ₂ (4.4-6.1 kPa)										
Arterial Bicarbonate (21.0-27.5 mmol/L)										
Pn ₂ (12-15 kPa)										
URINE	Start of collection									
	Duration of collection									
	Volume of sample									
Creatinine (mmol/mol)	(10-20 mmol/24h)									
Creatinine clearance	(P 100 ml/min)									
Calcium (mmol/mol)										
Phosphate (mmol/mol)	(15-50 mmol/24h)									
Sodium (mmol/mol)	(100-200 mmol/24h)									
Potassium (mmol/mol)	(25-100 mmol/24h)									
Protein (g/mol)	(<100 mg/24h)									
Date	Time	MISCELLANEOUS TESTS (Venous Blood unless stated otherwise)								

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 Initials after report in miscellaneous section identify clinical chemist
FILE PERMANENTLY