

SURNAME <b>SLATER</b>	FIRST NAMES <b>MICHAEL AFON</b>	D.O.B. <b>GRO-C-7</b>	SEX <b>M</b>	HOSPITAL NO.
PATIENTS ADDRESS	DOCTOR OR CONSULTANT ADDRESS OR HOSPITAL <b>DR. CL. RIZZA OXFORD HEPATITIS CENTRE</b>			WARD/DEPT.  DOCTORS TEL. N

NUMBER DATE HBs Ag AntiHBs AntiHBc AntiHBe  
 Serum. 0/5/75. 19/4/81. NEGATIVE NEGATIVE TO HAVEN TO HAVEN  
 " 0/6/13 11/3/82 NEGATIVE NEGATIVE NEGATIVE POSITIVE

**IMPRESSION:-** NOT IMMUNE TO HEPATITIS B.  
 IMMUNE TO HEPATITIS A.

CANDIDATE FOR HEPATITIS B VACCINE

23 JUN 1982  
 GRO-C  
 R. R. R.

REGIONAL VIRUS LABORATORY  
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 MANCHESTER M20 8LR

## VIROLOGY

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Could also be 23 Jul 1982

Supra  
 23 Jun 1982  
 I think

GRO-C

15/2/19