

# LABORATORY REPORTS

## INSTRUCTIONS:

- TAPE PINK COPY OF LABORATORY REQUISITION IN CHRONOLOGICAL ORDER REGARDLESS OF NATURE OF TEST.
- USE BOTH SIDES OF THIS SHEET.

THE CHILDREN'S HOSPITAL MEDICAL CENTER, BOSTON, MASSACHUSETTS 02115

LABORATORY REQUISITION		12/17/80	USE ONLY THIS SIDE
TO: <u>Bacti</u>	CHMC	DATE: 12/15/80	
DIAGNOSIS		NAME: <u>GOVERN MORGAIN F</u>	
MATERIALS AND SOURCE: <u>THROAT</u>	TIME TAKEN: <u>8:30</u>	ADDRESS: <u>RONALD 518-696-3367</u>	
TEST ORDERED: <u>R/O B-STREP</u>		PO BOX: <u>292</u>	
PHYSICIAN'S COPY TO: <u>GRAT</u>		DATE ORDERED: <u>12/15/80</u>	
LOCATION: <u>FORD 5</u>	<u>Aug 17 4</u>		

RESULTS:

NO BETA STREP ISOLATED

EXAMINED BY: 156 12/17/80

MEDICAL RECORD COPY

TAPE LABORATORY REPORT HERE  
DO NOT SHINGLE

PLEASE USE BOTH SIDES