

READ DIRECTIONS ON BACK.**SPECIMEN FOR BACTERIOLOGICAL EXAMINATION.****[EVERY SPECIMEN MUST BE ACCOMPANIED BY A REPORT FORM,
PROPERLY FILLED IN.]**

935

~~FRONT SURGERY & OUT-PATIENTS.~~

Name of Patient..... Disease.....

Address..... Addison 38

Material? Source?..... Blood

Investigation required } Wass.
or organism suspected? }

Date..... 27-1-20..... Signed.....

This Form must be duly filled up, and signed by a member of the Staff, the Resident Surgical Officer, one of the Registrars, a House-Physician, House-Surgeon, Out-Patient Officer, Assistant House-Surgeon, Obstetric Resident, or Assistant in the Clinical Wards.

When Investigations involving inoculations are required the Form must be signed by a member of the Staff.

REPORT.

Negative Wassermann Reaction

Date..... 30 JAN 1920.....

Signed.....

[See overleaf]