

**TAMANU MINISTRY OF HEALTH & MEDICAL SERVICES**  
**PO Box 12345, Melbourne, Australia**

**Referral**  
**CVD Primary Screening Referral**

**Patient details**

<b>First name:</b> sepi	<b>Patient ID:</b> JNIG532296
<b>Last name:</b> test	<b>Sex:</b> Female
<b>DOB:</b> 10/06/2025 (1 day)	<b>Village:</b>
<b>Clinician:</b> Admin ICT	<b>Date of submission:</b> 10/06/2025
<b>Referral date</b> <b>10/06/2025</b>	<b>Referring health facility</b> <b>Adolescent Health Development</b>
<b>Referral completed by</b> <b>Dietitian</b>	<b>Referred to health facility</b> <b>Ba Mission Sub-divisional Hospital</b>
<b>Diagnosis</b> <b>ASB - asymptomatic bacteriuria</b>	<b>Diagnosis certainty</b> <b>Suspected</b>
<b>Reason for referral</b> <b>testing</b>	