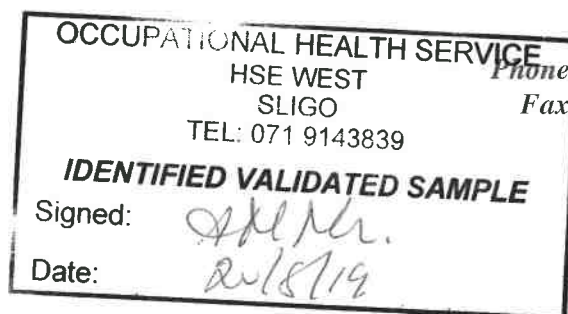




Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Occupational Health Service
3rd Floor – J.F.K. House
Kennedy Parade
Sligo

Phone: 071 9143839
Fax: 071 9169525



Private & Confidential

Dr. Muhammad Soban Javed
15 Yeats Heights
Sligo

19th August 2019

TO WHOM IT MAY CONCERN

NAME: Dr. Muhammad Soban Javed
DOB: 22/12/1990

Vaccination results are as follows:

Hepatitis B Titre Date: 11/07/19 Result: 188.7 mIU/ml.
Anti-HBs

Comment: You are protected against Hepatitis B infection.
There is no indication for further vaccination.

HBsAg Date: 11/07/19 Result: Non Reactive
Comment: You are non infectious for Hepatitis B

Anti HB Core total Date: 11/07/19 Result: Negative

Anti HCV Date: 11/07/19 Result: Non Reactive
Comment: You are non infectious for Hepatitis C

Rubella Titre Date: 11/07/19 Result: Present >10 IU/ml.
(German Measles)
Comment: You are immune to primary infection

Varicella Titre Date: 11/07/19 Result: >100 mIU/ml.
(Chickenpox)
Comment: You are immune to primary infection.

Mumps IgG Date: 11/07/19 Result: Weak Positive
Comment: If you have a history of Mumps infection or completed a course (i.e. 2 doses) of vaccination you may be regarded as immune to Mumps infection.

Measles IgG Date: 11/07/19 Result: Positive
Comment: Indicative of previous exposure.

Quantiferon Test Date: 22/07/19 Result: Positive

Yours sincerely,

Ann Marie Mahon
Clinical Nurse Specialist
50008

Alison Frazer
Clinical Nurse Specialist
84531

Niamh Finlay
Clinical Nurse Specialist
46809



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

**Occupational Health Service,
3rd Floor, J.F.K. House,
Kennedy Parade,
Sligo.
Phone: 071 9143839
Fax: 071 9169525**

Private & Confidential

Dr. Katherine Finan
Consultant Respiratory Physician
Sligo University Hospital
The Mall
Sligo

19th August 2019

Re: TB Screening

Dear Dr. Finan

Please arrange appointment for:

Name: Dr. Muhammad Soban Javed
Address: 15 Yeats Heights, Sligo
D.O.B.: 22/02/1990
Phone: 089-4957889

Please find enclosed copy of:
Quantiferon Gold Test
CXR

Yours sincerely,

Dr. Eileen Cahill Canning
Consultant Occupational Physician
M.C.R.N. - 411963

Encs.

cc: Dr. Muhammad Soban Javed

***Please note that it is mandatory under the terms of conditions of employment that you attend this appointment. If you do not attend your Medical Manpower Manager will be notified**



MOHAMMAD SOBAN JARED
15 YEARS HEIGHTS

Health Service Executive West
Ms AnnMarie Mahon
Occ Health Service 3rd Floor,
JFK House, Kennedy Parade
Sligo Co. Sligo

Requesting Clinician: Physician in Charge
Specimen: Quantiferon

Clinical Details:
Fasting: Unknown
Cons: Dr. Eileen Canning
HSE N.W.

Ext. lab ref.		Patient ref.
Sex	(M)	
Date of Birth	22.02.1990	Lab. N° 0807-22.07.19
Collection date	22.07.19 08h 40	
Receive date	22.07.19 17h 30	
Issued on	31.07.19 16h 51	

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Referred Microbiology

(2) LMM	Quantiferon TB		
	Negative Control (NC)	0.06	IU/ml
	TB1	9.94	IU/ml
	TB2	0.14	IU/ml
	Mitogen	9.43	IU/ml
Result		Results confirmed. Positive. M. tuberculosis infection likely.	

Methods: LMM = Eurofins Biomnis (Fr)

Referral site: (2) = Eurofins Biomnis Lyon (Fr)

End of complete report

Tests indicated by < > and referral tests are not INAB Accredited.

* Indicates a result outside reference range. An INAB accredited medical testing laboratory, Reg No. 159MT



Feadhmeannacht na Seirbhíse Sláinte
Health Service Executive

SLIGO UNIVERSITY HOSPITAL
THE MALL
SLIGO

MEDICAL IMAGING REPORT

Report Status: **FINAL**

Ph:071 9174509
Fax:071 9174647

Patient Name: **JAVED, MUHAMMAD SOBAN** DOB: **22/02/1990** Sex: **M**
MRN: **3555780** Ordering Location: **SGH GP REFERRAL**
Address: **15 YEATS HEIGHTS**
SLIGO

Requesting Physician: **CANNING, SIOBHAN,GP**

Att Physician: **CANNING, SIOBHAN**

Order Date / Time: **30/07/2019 13:08**

Account Number: **WA02308077**

Patient Location:

Order Number: **017579720**

Accession Number: **SGH000900770**

Study Description: **XCHES - XR CHEST**

Exam performed: **XR CHEST**

Exam Completed Date: **30/07/2019 14:57**

Findings.

No priors.

Normal cardiomedial silhouette.

No lobar consolidation or pleural effusion.



Signed by: **Dr. Jonathan Ryan, Cons. Radiologist, Statutory Registration No. 223726 on 30/07/2019 15:18**

Dictated By: **RYAN, JONATHAN**
CC Physicians:

Radiologist: RYAN, JONATHAN

Medical ID: **223726**

Date Signed: **30/07/2019 15:18**

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