

HQ 5009
124#

TRM#4

Sp

403697

BLM10 / 01/11/78
NOV 21 12 NOV

ENTER PATIENT'S ID ABOVE (DO NOT TAKE FROM FILE)

X

DEPARTMENT OF HEALTH

WIND
HYPO
MOIK
D. ANALIS
MICRO
MACRO

PRIVACY ACT MATERIAL REMOVED

Please DO W2 Husted PA/ACC

29
78

X 58 - 40

addy
2 X

R

STATE

15111

REMARKS

TEST S.	SEE MEN. LAB# 4	DAY	TIME	AM	PM	REQUESTED	SE MONO	SE ANTI	SE ANT	SE R	SE BUN	SE CREAT	SE TA	SE AA	SE ANTINUCLEAR FACTOR(IANF)	SE LD AGG	SE ASO	SE CFP	SE SERUM COMPLEMENT	SE BRILE 1:20	SE COMP FIX	SE AN

Specimen/Lab Rpt. No.

SEROLOGY

URGENCY

ROUTINE

TODAY

PRE OP

STAT

PATIENT STATUS

BED

OUTPATIENT

NP

DOW

SPECIMEN SOURCE

BLOOD

OTHER (Specify)

MO DATE

LAB ID. NO.

REMARKS

RE

Standard Form 88 (July 1971) - GSA FPMR (41 CFR) 101-11.6

PRIVACY ACT MATERIAL REMOVED

PE STA 16

SPECIMEN/LAB RPT NO	
SEROLOGY	
EMERGENCY	PATIENT STATUS
<input checked="" type="checkbox"/>	<input type="checkbox"/> AD
<input type="checkbox"/>	<input type="checkbox"/> AMA
<input type="checkbox"/>	<input checked="" type="checkbox"/> INPATIENT
<input type="checkbox"/>	<input type="checkbox"/> OP
<input type="checkbox"/>	<input type="checkbox"/> DRUG
SPECIMEN SOURCE	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ERLEWYAN

93 JAN 1979 13

ASAP

AC 1079830

PETER ANGRITT, MD, LTC, MC
Chief, Dept. of Pathology
and Area Laboratory Svcs
Tripler AMC, HI 96859

3205

NEWBORN	PRENATAL	NEONATAL	ADULT	CHILD	ELDERLY	4-50	IMP	SERUM	PLASMA	FECS	OTHER	HAIR

Standard form 55 (JULY 1971) GSA FPMR 101.11

WKEY Headings

AGE	SEX	REGISTERED	WARD NO	FILING
			<i>PE</i>	<i>9-4-3</i>

EXAMINATION REQUESTED

PA chest

REQUESTED BY: **K. S. CHANG, MD**
AC 1079830

DATE OF REQUEST: *9 Jan 79*

ERLEWYAN

DATE OF EXAMINATION: _____ DATE OF REPORT: _____ DATE TRANSFER BED: _____

RADIOGRAPH REPORT

OK - PA Normal

PRIVACY ACT MATERIAL REMOVED

[Signature]

1-14 SB

9 Jan

RADIOGRAPH REPORT
STANDARD FORM 519-94 REV 7-75
GSA GEN
FPMR 101-11.605-6
519211
☆

PRIVACY ACT MATERIAL REMOVED

8. 1 110

URINALYSIS

<input type="checkbox"/> ROUTINE	<input type="checkbox"/> PATIENT STAY	<input type="checkbox"/> AMPT
<input type="checkbox"/> STAT	<input type="checkbox"/> STAT PATIENT	<input type="checkbox"/> STAT
<input type="checkbox"/> PRE	<input type="checkbox"/> NP	<input type="checkbox"/> NP
<input type="checkbox"/> STAT	<input type="checkbox"/> SPECIMEN SOURCE	<input type="checkbox"/> ROUTINE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OTHER Specify

K. S. CHANG, MD
AC 1079830

25 Jan 79

RESULTS	YE KAW CHENG Y 6/10/79	PROTEIN	NEG	GLUCOSE	NEG	HEMOGLOBIN	NEG	EPITHELIAL CELLS	0-2	WBC	8-10	RBC	0-1	MUGUS	NEG	CRYSTALS	NEG	BACTERIA	NEG	TRIGLYCERIDE	NEG	URIC ACID	NEG	PHOSPHATE	NEG	AMYLASE	NEG	LIPOIDS	NEG	OTHER	NEG	URINALYSIS	530 100
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PRIVACY ACT MATERIAL REMOVED