

7

70.6 73.2

136.8 139.4

203 (7)

281.85

15.15

Patient name: _____
Hospital number: _____
Date of birth (dd/mm/yyyy): _____
Collection date (dd/mm/yyyy): _____

Patient name: _____
Hospital number: _____
Date of birth (dd/mm/yyyy): _____
Collection date (dd/mm/yyyy): _____

Patient name: _____
Hospital number: _____
Date of birth (dd/mm/yyyy): _____
Collection date (dd/mm/yyyy): _____

243.75

53.25

Patient name: _____
Hospital number: _____
Date of birth (dd/mm/yyyy): _____
Collection date (dd/mm/yyyy): _____

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Collection date (dd/mm/yyyy): _____

205.65

91.35

Patient name: _____
Hospital number: _____
Date of birth (dd/mm/yyyy): _____
Collection date (dd/mm/yyyy): _____

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Patient name: _____
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Date of birth (dd/mm/yyyy): _____
Collection date (dd/mm/yyyy): _____

167.55

129.45

Patient name: _____
Hospital number: _____
Date of birth (dd/mm/yyyy): _____
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129.45

167.55

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91.35

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15.15

281.85

(15.15)