HIGHLAND HOSPITALS - RADIOLOGY REQUEST: Raigmore Hospital- Clinical Radiology

Type of referral: Plain Film

Shaded areas for department use only ----------
INCOMPLETE CARDS WILL BE RETURNED

Appt:	at:
Appt:	at:

Date Referral Created: 24-Mar-2023

101029132341T
Unique Care Pathway Number: 101029132341T

Date Referral Submitted (This date is fixed at hospital end): 24-Mar-2023

PATIENT DETAILS

Surname	GOLABEK
Forename(s)	AMANDA
Title	MISS
Sex	Female
Marital Status	Not Known
Other Surname	-
Date of birth	12-Nov-1979
CHI no.	1211799123

Patient's address

61 HIGHFIELD CIRCLE
MUIR OF ORD
ROSS SHIRE
IV6 7TF

Contact number(s)

Voice: 07419 320 291
E-mail: amandagolabeck@live.co.uk

Name	Dr sinead MacKay FY2 to Dr Carolyne Simpson
GMC code	4504852
GP code	80756
Practice name	Croyard Medical Practice
Practice code	55709

CROYARD ROAD
BEAULY
INVERNESS-SHIRE
IV4 7DJ

Contact number(s)

Voice: 01463782794

Urgency of referral **Urgent** **Referral type:** Out Patient

1211799123
CHI No: 1211799123

Patient Measurements

Blood Pressure History

Systolic	Diastolic	Date Recorded
124	84	24-Mar-2023

Body Measurement History

Body Mass Index	Height	Weight	Date Weight Recorded
33.8	1.68	95.6	24-Mar-2023

Examinations requested: chest x-ray - walk in service

Patient circumstances

Description/Question	Result/Comment	Date
Allergies:	NO	-
Diabetes:	NO	-
High Risk:	NO	-
Pregnant:	NO	-
Mobility:	WALKING	-

Provisional diagnosis: ? LRTI ?COPD ? Malignancy - WALKIN SERVICE

Relevant clinical To the Radiology Dept,

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER - MEDICAL IN CONFIDENCE

101027931022W
Unique Care Pathway Number: 101027931022W

Highland Physiotherapy
Ross Memorial Physiotherapy
Physiotherapy

1211799123
CHI No:1211799123

Date Referral Created	10-Nov-2022
Date Referral Submitted	10-Nov-2022

REFERRAL TO

Ross Memorial PhysiotherapyR5HF
H Physio
— **Consultant / receiving practitioner** and/or **specialty clinic**

Highland Physiotherapy
NHS Highland
— **Hospitaland hospital address**

Hospital location code.
H005G

Urgency of Referral Routine

Administrative Information

Relevant Laboratory Results will be available:No
Access Support Needs/ Requirements:No
[Ethnicity:White Scottish] [Comment:] [Date Recorded:01-Dec-2014]

PATIENT DETAILS

Surname	GOLABEK		
Forename(s)	AMANDA		
Title	MISS	Sex	Female
Marital Status	Not Known		
Other Surname	-		
Date of birth	12-Nov-1979		
CHI no.	1211799123		

Patient's address

61 HIGHFIELD CIRCLE
MUIR OF ORD
ROSS SHIRE
IV6 7TF

Contact number(s)

Voice: 07419 320 291
E-mail: amandagolabeck@live.co.uk

REFERRING CLINICIAN DETAILS - For referrals from Locums, etc the clinician below is the resident GP/responsible Consultant and Referrer's name and role is noted above

Name	Dr Gayle Patterson, Retainer GP		
GMC code	7042252	GP code	79502
Referring Location	Croyard Medical Practice		
Practice code	55709		

Referring Location Address

CROYARD ROAD
BEAULY
INVERNESS-SHIRE
IV4 7DJ

Contact number(s)

Voice: 01463782794

Active Repeat Therapy (in last 365 days)

Some Repeats may be Active but not Issued. In these instances, the Date Last Issued field contains the date authorised by the GP.

Drug name	Drug code	Formulation	Dosage	Frequency	Last Issued
Desogestrel 75microgram tablets	81169020	tablet	1 TABLET ONCE A DAY FOR CONTR[more]	-	09-Jun-2022
Propranolol 160mg modified-release capsules	66308020	capsule	1 CAPSULE ONCE A DAY FOR ANXIETY	-	31-Oct-2022
Citalopram 40mg tablets	79464020	tablet	1 TABLET DAILY	-	04-Nov-2022
Doublebase gel (Dermal Laboratories Ltd)	78867020	gram	APPLY WHEN REQUIRED	-	14-Jun-2022

Issued Scripts for Acutes and Inactive Repeats (in last 90 days)

Drug name	Drug code	Formulation	Dosage	Frequency	
Propranolol 160mg modified-release capsules	66308020	capsule	ONE TO BE TAKEN DAILY FOR ANXIETY	-	-
Propranolol 160mg modified-release capsules	66308020	capsule	1 CAPSULE ONCE A DAY FOR ANXIETY	-	-
Propranolol 160mg modified-release capsules	66308020	capsule	1 CAPSULE ONCE A DAY FOR ANXIETY	-	-

Clinical warnings

Additional relevant information

Signature of referring doctor (or other professional) **Date** 10-Nov-2022

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER - MEDICAL IN CONFIDENCE

101026966316A
Unique Care Pathway Number: 101026966316A

Highland Physiotherapy
Ross Memorial Physiotherapy
Physio Musculoskeletal

1211799123
CHI No:1211799123

Date Referral Created	27-Jul-2022
Date Referral Submitted	27-Jul-2022

REFERRAL TO

Ross Memorial PhysiotherapyR5HF
H HCP Physiotherapy
— **Consultant / receiving practitioner** and/or **specialty clinic**

Highland Physiotherapy
NHS Highland
— **Hospital**and **hospital address**

Hospital location code.
H005G

Urgency of Referral Routine

Administrative Information
Relevant Laboratory Results will be available:No
Access Support Needs/ Requirements:No
[Ethnicity:White Scottish] [Comment:] [Date Recorded:01-Dec-2014]

PATIENT DETAILS

Surname	GOLABEK
Forename(s)	AMANDA
Title	MISS
Sex	Female
Marital Status	Not Known
Other Surname	-
Date of birth	12-Nov-1979
CHI no.	1211799123

Patient's address
61 HIGHFIELD CIRCLE
MUIR OF ORD
ROSS SHIRE
IV6 7TF

Contact number(s)
Voice: 07419 320 291
E-mail: amandagolabeck@live.co.uk

REFERRING CLINICIAN DETAILS

Name	Lynn Jarvis
Position:	Physiotherapist
Registered Code:	PH92221
Referring Location:	Croyard Road Surgery (55709)
Location Code:	55709

Referring Location Address
1 Croyard Road
Beauly
IV4 7DJ

Contact number(s)
01463 782794

Anxiety with depression	-	First ever	With panic attacks.	01-Oct-1997
Psoriasis NOS	-	First ever	-	20-Sep-1994
Anal fissure	-	New event	Dilated under GA.	02-Apr-1984

Past Procedures (High priority)

Description	Laterality	Modifier	Comment	Date Started
Aspirin indicated	-	First ever	In any future pregnancy; previous suboptimal placental function.	27-Jul-2000

Active Repeat Therapy (in last 365 days)

Some Repeats may be Active but not Issued. In these instances, the Date Last Issued field contains the date authorised by the GP.

Drug name	Drug code	Formulation	Dosage	Frequency	Last Issued
Citalopram 40mg tablets	79464020	tablet	1 TABLET DAILY	-	15-Jul-2022
Desogestrel 75microgram tablets	81169020	tablet	1 TABLET ONCE A DAY FOR CONTR[more]	-	09-Jun-2022
Propranolol 160mg modified-release capsules	66308020	capsule	1 CAPSULE ONCE A DAY FOR ANXIETY	-	04-Jul-2022
Doublebase gel (Dermal Laboratories Ltd)	78867020	gram	APPLY WHEN REQUIRED	-	14-Jun-2022

Issued Scripts for Acutes and Inactive Repeats (in last 90 days)

Drug name	Drug code	Formulation	Dosage	Frequency
Co-codamol 8mg/500mg tablets	60971020	tablet	1-2 TABLETS UP TO FOUR TIMES DAILY	-

Clinical warnings

Additional relevant information

Signature of referring doctor (or other professional) **Date** 27-Jul-2022

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

101022289763B

Unique Care Pathway Number: 101022289763B

MEDICAL IN CONFIDENCE

1211799123

CHI No:1211799123

Date Referral Created	16-Dec-2020
Date Referral Submitted	17-Dec-2020

REFERRAL TO

Beating The BluesG1LD
H cCBT - Beating the Blues

— **Consultant / receiving practitioner** and/or **specialty clinic**

New Craigs Hospital
Leachkin Road
Inverness
IV3 8PJ

— **Hospitaland hospital address**

Hospital location code.
H223H

Urgency of Referral Routine

Administrative Information

Patient not suicidal confirmed:Nothing in last four weeks

Access Support Needs/ Requirements:No

[Ethnicity:White Scottish] [Comment:] [Date Recorded:01-Dec-2014]

PATIENT DETAILS

Surname	GOLABEK
Forename(s)	AMANDA
Title	MISS
Sex	Female
Marital Status	Not Known
Other Surname	-
Date of birth	12-Nov-1979
CHI no.	1211799123

Patient's address

61 HIGHFIELD CIRCLE
MUIR OF ORD
ROSS SHIRE
IV6 7TF

Contact number(s)

Voice: 07419320291
E-mail: amandagolabeck@live.co.uk

REFERRING CLINICIAN DETAILS - For referrals from Locums, etc the clinician below is the resident GP/responsible Consultant and Referrer's name and role is noted above

Name	Dr Gayle Patterson		
GMC code	7042252	GP code	81469
Referring Location	Croyard Medical Practice		
Practice code	55709		

Referring Location Address

CROYARD ROAD
BEAULY
INVERNESS-SHIRE
IV4 7DJ

Contact number(s)

Voice: 01463782794

Issued Scripts for Acutes and Inactive Repeats (in last 90 days)

Drug name	Drug code	Formulation	Dosage	Frequency	
Diazepam 5mg tablets	58981020	tablet	ONE TABLET AS REQUIRED FOR SE[more]	-	-
Promethazine hydrochloride 25mg tablets	66290020	tablet	1 TWICE DAILY DAILY FOR ANXIETY	-	-
Propranolol 40mg tablets	59369020	tablet	1 TABLET THREE TIMES DAILY FO[more]	-	-
Sertraline 50mg tablets	74050020	tablet	1 TABLET ONCE A DAY. ONCE THE[more]	-	-
Citalopram 20mg tablets	79462020	tablet	1 TABLET DAILY FOR ANXIETY. T[more]	-	-
Diazepam 5mg tablets	58981020	tablet	1 TABLET FOR OCCASIONAL USE F[more]	-	-
Propranolol 160mg modified-release capsules	66308020	capsule	1 CAPSULE ONCE A DAY FOR ANXIETY	-	-
Sertraline 50mg tablets	74050020	tablet	1 TABLET ONCE A DAY (TOTAL DO[more]	-	-
Sertraline 100mg tablets	74051020	tablet	1 TABLET ONCE A DAY	-	-

Clinical warnings

Additional relevant information

Signature of referring doctor (or other professional) **Date** 17-Dec-2020

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

1010216451041

Unique Care Pathway Number: 1010216451041

MEDICAL IN CONFIDENCE

1211799123

CHI No:1211799123

Date Referral Created	10-Sep-2020
Date Referral Submitted	11-Sep-2020

REFERRAL TO

Mid Ross CMHSG1HC
Highland General Referral

— **Consultant / receiving practitioner** and/or **specialty clinic**

Highland Community Mental Health
NHS Highland

— **Hospitaland hospital address**

Hospital location code.
H011G

Urgency of Referral Routine

Administrative Information

Relevant Laboratory Results will be available:No
Access Support Needs/ Requirements:No
[Ethnicity:White Scottish] [Comment:] [Date Recorded:01-Dec-2014]

PATIENT DETAILS

Surname	GOLABEK
Forename(s)	AMANDA
Title	MISS
Sex	Female
Marital Status	Not Known
Other Surname	-
Date of birth	12-Nov-1979
CHI no.	1211799123

Patient's address

32 BALVAIRD TERRACE
MUIR OF ORD
ROSS-SHIRE
IV6 7TR

Contact number(s)

Voice: 07419320291

REFERRING CLINICIAN DETAILS - For referrals from Locums, etc the clinician below is the resident GP/responsible Consultant and Referrer's name and role is noted above

Name	Dr Gayle Patterson
GMC code	7042252
GP code	81469
Referring Location	Croyard Medical Practice
Practice code	55709

Referring Location Address

CROYARD ROAD
BEAULY
INVERNESS-SHIRE
IV4 7DJ

Contact number(s)

Voice: 01463782794

Active Repeat Therapy (in last 365 days)

Some Repeats may be Active but not Issued. In these instances, the Date Last Issued field contains the date authorised by the GP.

Drug name	Drug code	Formulation	Dosage	Frequency	Last Issued
Sertraline 100mg tablets	74051020	tablet	1 TABLET ONCE A DAY	-	26-Aug-2020
Alphosyl 2 in 1 shampoo (Omega Pharma Ltd)	95857020	ml	USE AS DIRECTED	-	07-Nov-2019

Issued Scripts for Acutes and Inactive Repeats (in last 90 days)

Drug name	Drug code	Formulation	Dosage	Frequency	
Propranolol 160mg modified-release capsules	66308020	capsule	1 CAPSULE ONCE A DAY FOR ANXIETY	-	-
Promethazine hydrochloride 25mg tablets	66290020	tablet	1-2 TABLETS DAILY FOR ANXIETY	-	-
Diazepam 5mg tablets	58981020	tablet	1 TABLET FOR OCCASIONAL USE F[more]	-	-
Diazepam 2mg tablets	58980020	tablet	1 TABLET(S) FOR OCCASIONAL US[more]	-	-
Propranolol 40mg tablets	59369020	tablet	1 TABLET UP TO THREE TIMES DA[more]	-	-

Clinical warnings

Additional relevant information

Signature of referring doctor (or other professional) **Date** 11-Sep-2020

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

1010105246032

Unique Care Pathway Number: 1010105246032

MEDICAL IN CONFIDENCE

1211799123

CHI No:1211799123

Date Referral Created	18-Dec-2015
Date Referral Submitted	21-Dec-2015

REFERRAL TO

Mid Ross CMHSG1HC
Highland General Referral

— **Consultant / receiving practitioner** and/or **specialty clinic**

Highland Community Mental Health
NHS Highland

— **Hospitaland hospital address**

Hospital location code.
H011G

Urgency of Referral Routine

Administrative Information

Relevant Laboratory Results will be available:No
Access Support Needs/ Requirements:No
[Ethnicity:White Scottish] [Comment:] [Date Recorded:01-Dec-2014]

PATIENT DETAILS

Surname	GOLABEK
Forename(s)	AMANDA
Title	MISS
Sex	Female
Marital Status	Not Known
Other Surname	-
Date of birth	12-Nov-1979
CHI no.	1211799123

Patient's address

32 BALVAIRD TERRACE
MUIR OF ORD
ROSS-SHIRE
IV6 7TR

Contact number(s)

Voice: 07419320291

REFERRING CLINICIAN DETAILS - For referrals from Locums, etc the clinician below is the resident GP/responsible Consultant and Referrer's name and role is noted above

Name	Dr Ross Jaffrey
GMC code	6115403
GP code	80292
Referring Location	Croyard Medical Practice
Practice code	55709

Referring Location Address

CROYARD ROAD
BEAULY
INVERNESS-SHIRE
IV4 7DJ

Contact number(s)

Voice: 01463782794

Citalopram 20mg tablets	79462020	tablet	1 TABLET DAILY	-	-
Citalopram 10mg tablets	79463020	tablet	1 TABLET DAILY	-	-

Clinical warnings

Additional relevant information

Signature of referring doctor (or other professional)	**Date**	21-Dec-2015

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

101010251966K

Unique Care Pathway Number: 101010251966K

1211799123

CHI No:1211799123

Date Referral Created	03-Nov-2015
Date Referral Submitted	06-Nov-2015

REFERRAL TO

Ear, Nose & Throat (ENT)C5
Highland General Referral

— **Consultant / receiving practitioner** and/or **specialty clinic**

Raigmore Hospital
Inverness
IV2 3UJ

— **Hospital**and **hospital address**

Hospital location code.
H202H

Urgency of Referral Routine

Administrative Information

Relevant Laboratory Results will be available:No
Access Support Needs/ Requirements:No
[Ethnicity:White Scottish] [Comment:] [Date Recorded:01-Dec-2014]

PATIENT DETAILS

Surname	GOLABEK		
Forename(s)	AMANDA		
Title	MISS	Sex	Female
Marital Status	Not Known		
Other Surname	-		
Date of birth	12-Nov-1979		
CHI no.	1211799123		

Patient's address

32 BALVAIRD TERRACE
MUIR OF ORD
ROSS-SHIRE
IV6 7TR

Contact number(s)

Voice: 07419320291

REFERRING CLINICIAN DETAILS - For referrals from Locums, etc the clinician below is the resident GP/responsible Consultant and Referrer's name and role is noted above

Name	Dr R S Forsyth		
GMC code	3130739	GP code	80756
Referring Location	Croyard Medical Practice		
Practice code	55709		

Referring Location Address

CROYARD ROAD
BEAULY
INVERNESS-SHIRE
IV4 7DJ

Contact number(s)

Voice: 01463782794

Clinical warnings

Additional relevant information

Signature of referring doctor (or other professional) **Date** 06-Nov-2015

DR ALAN WEIR
DR ALAN FARQUHAR
DR MICHELLE WATTS
DR JANE DELANEY
DR ANDREW WILMSHURST
DR REBECCA FORRESTER
DR V BROWN

AF/LL

13 September 2012

Mrs. Alison Peaker
Lead Clinical Psychologist
Psychological Therapies
Stracathro Hospital
Brechin
DD9 7QA

Dear Mrs Peaker

Re: Amanda Golabek, 66 Knowehead Crescent, Kirriemuir DD8 5AH CHI: 1211799123

This 32 year old lady has a depression which I have been treating for 4 months. Initially she presented very anxious and I tried her on some Propranolol but it rapidly became apparent that she was suffering from a very low mood, poor sleep, poor appetite, nausea, withdrawing from people and at that time had a PHQ9 score of 14. I started her on Citalopram 10 mgs which has now been put up to 20 mgs and she has responded quite well but there are lots of issues in her life that she needs to talk about. I think that now she has been on an anti-depressant for a little while and her mood has picked up a bit this would be a good time to do it. Many thanks.

Yours sincerely

Dr Alan Farquhar

AMANDA GOLABEK CHINO: 1211799123 REF ID:T002588652 (COPY)

REFERRAL LETTER

MEDICAL IN CONFIDENCE

NHS Tayside

REFERRAL TO

CLINIC:	OBSTETRICS ANTE-NATAL		
LOCATION:	WHITEHILLS HOSPITAL		
CONSULTANT:	ANY CONSULTANT	HOSPITAL CODE:	T313H
ADDRESS:	BY FORFAR	CONSULTANT EMAIL:	
POSTCODE:	DD8 3DY		
REFERRAL URGENCY:	ROUTINE	AMBULANCE:	No
REASON (If not routine)			

PATIENT DETAILS

SURNAME:	GOLABEK	ADDRESS:	66 KNOWEHEAD CRESCENT KIRRIEMUIR
FORENAME(s):	AMANDA		
TITLE:	MRS	POSTCODE:	DD8 5AH
SEX:	F		
DATE OF BIRTH:	12/11/1979	TELEPHONE:	
CHI no:	1211799123		

REGISTERED GP DETAILS

NAME:	ANDREW WILMSHURST	PRACTICE ADDRESS:	KIRRIEMUIR HEALTH CENTRE TANNAGE BRAE KIRRIEMUIR ANGUS
PRACTICE CODE:	13532		
GP IDENTIFIER:	T7610		
EMAIL ADDRESS:			
TELEPHONE:	01575 573333	POSTCODE:	DD8 4ES
FAX:	01575 577000		

REFERRAL SOURCE (If different from above)

DOCTOR:	ALAN WEIR	PRACTICE ADDRESS:	KIRRIEMUIR HEALTH CENTRE TANNAGE BRAE KIRRIEMUIR
PRACTICE CODE:	13532		
TELEPHONE:	01575 573333		
FAX:		POSTCODE:	DD8 4ES

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Ear, Nose & Throat (ENT) C5
TAY General Referral

— **Consultant / receiving practitioner** and/or **specialty clinic**

Stracathro Hospital
By Brechin
DD9 7QA

— **Hospital** and **hospital address**

Hospital unit no.: T312H

Email address: -

Date of Referral (set by referrer)	28-Mar-2011	**Armed Forces Personnel, Immediate Families & Veterans**	**Impairment(s)**
Date referral was submitted	28-Mar-2011	☐ On active service	☐ Learning
Urgency of referral	Routine	☐ Condition related to service	☐ Visual
		☐ Immediate family member	☐ Hearing

Miscellaneous

☐ Requires support of a translator

PATIENT DETAILS

Surname	GOLABEK
Forename(s)	AMANDA
Title	MRS
Sex	Female
Date of birth	12-Nov-1979
CHI no.	1211799123

Patient's address

66 KNOWEHEAD CRESCENT
KIRRIEMUIR
DD8 5AH

Contact number(s)

Voice: 07927597113

REGISTERED GP DETAILS

Name	Dr Andrew Wilmshurst		
GMC code	3321193	GP code	-
Practice name	Kirriemuir Health Centre		
Practice code	13532		

Practice address

TANNAGE BRAE
KIRRIEMUIR
ANGUS

Contact number(s)

Voice: 01575573333

REFERRING PRACTITIONER DETAILS

Name	Dr AM Farquhar		
GMC code	3254170	GP code	76112
Practice name	Kirriemuir Health Centre		
Practice code	13532		

Practice address

TANNAGE BRAE
KIRRIEMUIR
ANGUS

Contact number(s)

Voice: 01575573333

Additional relevant information
Administrative information

Referred By:Resident GP

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Plastic SurgeryC9
TAY General Referral

— **Consultant / receiving practitioner** and/or **specialty clinic**

Ninewells Hospital
Dundee
DD1 9SY

— **Hospital** and **hospital address**

Hospital unit no.: T101H

Email address: -

Date of Referral (set by referrer) 30-Mar-2011

Date referral was submitted 30-Mar-2011

Urgency of referral Routine

Armed Forces Personnel, Immediate Families & Veterans

- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)

- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous

- ☐ Requires support of a translator

PATIENT DETAILS

Surname	GOLABEK
Forename(s)	AMANDA
Title	MRS
Sex	Female
Date of birth	12-Nov-1979
CHI no.	1211799123

Patient's address

66 KNOWEHEAD CRESCENT
KIRRIEMUIR
DD8 5AH

Contact number(s)

Voice: 07927597113

REGISTERED GP DETAILS

Name	Dr Andrew Wilmshurst		
GMC code	3321193	GP code	-
Practice name	Kirriemuir Health Centre		
Practice code	13532		

Practice address

TANNAGE BRAE
KIRRIEMUIR
ANGUS

Contact number(s)

Voice: 01575573333

REFERRING PRACTITIONER DETAILS

Name	Dr AM Farquhar		
GMC code	3254170	GP code	76112
Practice name	Kirriemuir Health Centre		
Practice code	13532		

Practice address

TANNAGE BRAE
KIRRIEMUIR
ANGUS

Contact number(s)

Voice: 01575573333

Administrative information

Referred By:Registered GP

Signature of referring doctor (or other professional) **Date**

Blood Sciences Department
Zone 3, Raigmore Hospital
Old Perth Road
Inverness, IV2 3UJ
e-mail: nhsh.raigmorebloodsciences@nhs.scot
Tel: 01463 704210

NHS Highland

Report No: 25-795025-HPM

DR R G JAFFREY
BEAULY SURGERY (CROYARD ROAD)
CROYARD ROAD
BEAULY

AMANDA GOLABEK
CHI No: **1211799123**
DOB: 12. 11. 1979
CRN:

Blood Sciences Report

Report No: 25-795025-HPM
Specimen Collected: 12. 11. 2025

Full Blood Count - Blood Sample

Fatigue and lack of drive ? biochemical cause

						10^9/L	
Hb	148	g/L		(120-150)	White cells	5.6	(4.0-10.0)
RBC	4.58	10^12/L		(3.80-4.80)	Neutrophils	2.0	(2.0-7.0)
HCT	0.432			(0.360-0.460)	Lymphocytes	2.7	(1.0-3.0)
MCV	94.3	fl		(83.0-101.0)	Monocytes	0.6	(0.2-1.0)
MCH	**32.3**	pg	H	(27.0-32.0)	Eosinophils	0.2	(< 0.6)
MCHC	343	g/L		(315-345)	Basophils	0.1	(< 0.2)
RDW	**11.4**	%	L	(11.6-14.0)			
Platelets	247	10^9/L		(150-410)			
MPV	11.4	fl					
NRBC	0.0	10^9/L					

Released from Instrument: EPU 12/11/25 at 1:48 pm

Blood Sciences Department
Zone 3, Raigmore Hospital
Old Perth Road
Inverness, IV2 3UJ
e-mail: nhsh.raigmorebloodsciences@nhs.scot
Tel: 01463 704210

NHS Highland

Report No: 25-795025-VIM

DR R G JAFFREY
BEAULY SURGERY (CROYARD ROAD)
CROYARD ROAD
BEAULY

AMANDA GOLABEK
CHI No: **1211799123**
DOB: 12. 11. 1979
CRN:

Blood Sciences Report

Report No: 25-795025-VIM
Specimen Collected: 12. 11. 2025

Vitamin Assays - Blood Sample

Fatigue and lack of drive ? biochemical cause

Ferritin	198	ug/L	(30-200)

Ferritin reference range applies to females who menstruate. In females who do not menstruate, the reference range is 30-480 ng/mL.

Released from Instrument: ADM 12/11/25 at 2:20 pm

Blood Sciences Department
Zone 3, Raigmore Hospital
Old Perth Road
Inverness, IV2 3UJ
e-mail: nhsh.raigmorebloodsciences@nhs.scot
Tel: 01463 704210

NHS Highland

Report No: 25-795025-THM

DR R G JAFFREY
BEAULY SURGERY (CROYARD ROAD)
CROYARD ROAD
BEAULY

AMANDA GOLABEK
CHI No: **1211799123**
DOB: 12. 11. 1979
CRN:

Blood Sciences Report

Report No: 25-795025-THM
Specimen Collected: 12. 11. 2025

Thyroid Profile - Blood Sample

Fatigue and lack of drive ? biochemical cause

TSH	4.54	mIU/L	(0.55-4.78)

On thyroid medication? None

Released from Instrument: ADM 12/11/25 at 2:20 pm

Blood Sciences Department
Zone 3, Raigmore Hospital
Old Perth Road
Inverness, IV2 3UJ
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NHS Highland

Report No: 25-795025-RCM

DR R G JAFFREY
BEAULY SURGERY (CROYARD ROAD)
CROYARD ROAD
BEAULY

AMANDA GOLABEK
CHI No: **1211799123**
DOB: 12. 11. 1979
CRN:

Blood Sciences Report

Report No: 25-795025-RCM
Specimen Collected: 12. 11. 2025

Routine Chemistry - Blood Sample

Fatigue and lack of drive ? biochemical cause

Sodium	140	mmol/L		(133-146)
Potassium	4.4	mmol/L		(3.5-5.3)
Chloride	105	mmol/L		(95-108)
Urea	5.4	mmol/L		(2.5-7.8)
Creatinine	68	umol/L		(49-90)
eGFR	> 90	mL/min/1.73m^2		
Bilirubin	10	umol/L		(< 21)
Alk. Phos.	85	U/L		(30-130)
ALT	**83**	U/L	H	(7-40)
Albumin	36	g/L		(32-45)
Calcium	2.39	mmol/L		(2.18-2.60)
Adjusted Calcium	2.43	mmol/L		(2.20-2.60)

Bilirubin results will be approximately 15% lower from 06/02/2025.
This change should ensure results more consistent with other boards.

EGFR result is considered normal.

EGFR is calculated using an enzymatic creatinine method and CKD-EPI 2009 equation. eGFR is not recommended for individuals with unstable creatinine concentrations such as pregnant women, hospitalized patients and for individuals with extremes in muscle mass and diet

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NHS Highland

Report No: 25-795025-RCM

DR R G JAFFREY
BEAULY SURGERY (CROYARD ROAD)
CROYARD ROAD
BEAULY

AMANDA GOLABEK
CHI No: **1211799123**
DOB: 12. 11. 1979
CRN:

such as amputees, paraplegics and body builders.

Released from Instrument: ADM 12/11/25 at 2:20 pm

Blood Sciences Department
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Tel: 01463 704210

NHS Highland

Report No: 25-795025-A1C

DR R G JAFFREY
BEAULY SURGERY (CROYARD ROAD)
CROYARD ROAD
BEAULY

AMANDA GOLABEK
CHI No: **1211799123**
DOB: 12. 11. 1979
CRN:

Blood Sciences Report

Report No: 25-795025-A1C
Specimen Collected: 12. 11. 2025

IFCC Standardised HbA1c - Blood Sample

Fatigue and lack of drive ? biochemical cause

IFCC HbA1c: 35 mmol/mol (< 42)

If screening for/diagnosing diabetes:
HbA1c of 42-47 mmol/mol diagnostic of prediabetes
HbA1c of 48mmol/mol or above diagnostic of T2DM
For more information and for when HbA1c is contra-indicated see TAM guidance 'Screening and Diagnosis of Type 2 Diabetes'.

Released from Instrument: TOSOH 12/11/25 at 4:27 pm

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e-mail: NHSH.microbiology@nhs.scot
Tel: 01463 704206/7

NHS Highland

DR J CRAWLEY
BEAULY SURGERY (CROYARD ROAD)
CROYARD ROAD
BEAULY

AMANDA GOLABEK
CHI No: **1211799123**
DOB: 12. 11. 1979
CRN:

Microbiology Report

Report No: 24-216440-CSW
Specimen Collected: 26. 02. 2024

INVESTIGATION OF WOUND INFECTION

Facial rash, almost vesicular, any fungal or viral involvement?

Site: Rash
Facial
Planned antimicrobials? None

Culture:
++ Skin flora
Yeasts not isolated

For fungal culture please send a sample of skin scrapings from the affected area.

Results entered by: alovel2 29/02/24 at 11:37 am

Microbiology Department
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Tel: 01463 704206/7

NHS Highland

DR J CRAWLEY
BEAULY SURGERY (CROYARD ROAD)
CROYARD ROAD
BEAULY

AMANDA GOLABEK
CHI No: **1211799123**
DOB: 12. 11. 1979
CRN:

Microbiology Report

Report No: 24-216440-HSP
Specimen Collected: 26. 02. 2024

Polymerase Chain Reaction (PCR) - Herpes/VZ

Facial rash, almost vesicular, any fungal or viral involvement?

Herpes simplex Type 1: Not detected
Herpes simplex Type 2: Not detected
Varicella zoster : Not detected

Specimen: Skin Swab

Validated by Aidan Russell, Specialist Biomedical Scientist

Blood Sciences Department
Zone 3, Raigmore Hospital
Old Perth Road
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Tel: 01463 704210

NHS Highland

Report No: 21-711642-HPM

DR G B PATTERSON
BEAULY SURGERY (CROYARD ROAD)
CROYARD ROAD
BEAULY

AMANDA GOLABEK
CHI No: **1211799123**
DOB: 12. 11. 1979
CRN:

Blood Sciences Report

Report No: 21-711642-HPM
Specimen Collected: 02. 11. 2021

Full Blood Count - Blood Sample

						10^9/L	
Hb	150	g/L	(120-150)	White cells	5.0	(4.0-10.0)
RBC	4.69	10^12/L	(3.80-4.80)	Neutrophils	2.9	(2.0-7.0)
HCT	**0.468**	H	(0.360-0.460)	Lymphocytes	1.5	(1.0-3.0)
MCV	99.7	fl	(83.0-101.0)	Monocytes	0.5	(0.2-1.0)
MCH	31.9	pg	(27.0-32.0)	Eosinophils	0.1	(< 0.6)
MCHC	320	g/L	(315-345)	Basophils	0.0	(< 0.2)
RDW	12.6	%	(11.6-14.0)			
Platelets	281	10^9/L	(150-410)			
MPV	11.0	fl				

Released from Instrument: CENTRALINK 03/11/21 at 6:38 pm

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Inverness, IV2 3UJ
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Tel: 01463 704210

NHS Highland

Report No: 21-711642-RCM

DR G B PATTERSON
BEAULY SURGERY (CROYARD ROAD)
CROYARD ROAD
BEAULY

AMANDA GOLABEK
CHI No: **1211799123**
DOB: 12. 11. 1979
CRN:

Blood Sciences Report

Report No: 21-711642-RCM
Specimen Collected: 02. 11. 2021

Routine Chemistry - Blood Sample

Sodium	137	mmol/L	(133-146)
Potassium	4.6	mmol/L	(3.5-5.3)
Chloride	106	mmol/L	(95-108)
Urea	4.6	mmol/L	(2.5-7.8)
Creatinine	64	umol/L	(44-71)
eGFR	> 90	mL/min/1.73m^2	
CRP	5	mg/L	(< 10)

EGFR result is considered normal.

EGFR is not recommended for individuals with unstable creatinine concentrations such as pregnant women, hospitalized patients and for individuals with extremes in muscle mass and diet such as amputees, paraplegics and body builders.

Released from Instrument: CENTRALINK 03/11/21 at 7:47 pm

NHS Confidential: Personal data about a patient

UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **positive**

Patient Details

Surname	Golabek
Forename	Amanda
CHI	1211799123
Date of birth	1979-11-12
Sex	Female
Address	61 HIGHFIELD CIRCLE MUIR OF ORD IV6 7TF

Specimen Details

Specimen Processed Date	01-09-2021 10:49
Test Start Date	31-08-2021 13:00
Test End Date	31-08-2021 14:52
GP Practice	55709
Specimen Number	AAM64702196
Administration Method	

End of Report

Report Date: 04/09/2021

UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **positive**

Patient Details

Surname	Golabek
Forename	Amanda
CHI	1211799123
Date of birth	1979-11-12
Sex	Female
Address	61 HIGHFIELD CIRCLE MUIR OF ORD IV6 7TF

Specimen Details

Specimen Processed Date	24-08-2021 09:26
Test Start Date	23-08-2021 13:00
Test End Date	23-08-2021 14:30
GP Practice	55709
Specimen Number	AAF33562667
Administration Method	

End of Report

Report Date: 24/08/2021

Microbiology Department
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NHS Highland

DR J M WILSON
BEAULY SURGERY (CROYARD ROAD)
CROYARD ROAD
BEAULY

AMANDA GOLABEK
CHI No: **1211799123**
DOB: 12. 11. 1979
CRN:

Microbiology Report

Report No: 20-307713-GTI
Specimen Collected: 26. 05. 2020

INVESTIGATION OF GENITAL TRACT INFECTION

Site: High vaginal swab

White blood cells: Nil
Yeasts: Nil
Trichomonas vaginalis: Not seen
Interpretation using Hay's criteria for bacterial vaginosis
Intermediate: Mixed Lactobacilli and other morphotypes. Assess with clinical criteria and send repeat to confirm if necessary.

Culture:
+++ Vaginal flora
Yeasts not isolated
+++ Mixed anaerobes (sensitive to metronidazole)

Results entered by: sreid10 29/05/20 at 12:20 pm

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Tel: 01463 704206/7

NHS Highland

DR J M WILSON
BEAULY SURGERY (CROYARD ROAD)
CROYARD ROAD
BEAULY

AMANDA GOLABEK
CHI No: **1211799123**
DOB: 12. 11. 1979
CRN:

Microbiology Report

Report No: 20-307713-GTI
Specimen Collected: 26. 05. 2020

INVESTIGATION OF GENITAL TRACT INFECTION

Site: High vaginal swab

White blood cells: Nil
Yeasts: Nil
Trichomonas vaginalis: Not seen
Interpretation using Hay's criteria for bacterial vaginosis
Intermediate: Mixed Lactobacilli and other morphotypes. Assess with clinical criteria and send repeat to confirm if necessary.

Culture:
+++ Vaginal flora
+++ Yeast isolated
+++ Mixed anaerobes (sensitive to metronidazole)

Results entered by: sreid10 29/05/20 at 12:00 pm

Blood Sciences Department
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NHS Highland

Report No: 19-470185-VTD

DR G B PATTERSON
BEAULY SURGERY (CROYARD ROAD)
CROYARD ROAD
BEAULY

AMANDA GOLABEK
CHI No: **1211799123**
DOB: 12. 11. 1979
CRN:

Report

Vitamin D - Blood Sample

Vitamin D: 41 nmol/L

Total 25OH Vit D: <25 deficient, 25-50 insufficient, >50 adequate.
25-OH Vitamin D measured by Abbott Immunoassay method.

Analysed by Biochemistry Department, Glasgow Royal Infirmary

Validated by Derreck McCullough, Clinical Biochemist

Blood Sciences Department
Zone 3, Raigmore Hospital
Old Perth Road
Inverness, IV2 3UJ
e-mail: High-UHB.RaigmoreBloodSciences@nhs.net
Tel: 01463 704210

NHS Highland

Report No: 19-470185-RCM

DR G B PATTERSON
BEAULY SURGERY (CROYARD ROAD)
CROYARD ROAD
BEAULY

AMANDA GOLABEK
CHI No: **1211799123**
DOB: 12. 11. 1979
CRN:

Blood Sciences Report

Report No: 19-470185-RCM
Specimen Collected: 25. 07. 2019

Routine Chemistry - Blood Sample

Albumin	46	g/L	(35-50)
Calcium	2.51	mmol/L	(2.18-2.60)
Adjusted Calcium	2.39	mmol/L	(2.20-2.60)
Magnesium	0.85	mmol/L	(0.70-1.00)

Released from Instrument: CENTRALINK 26/07/19 at 1:09 pm

Microbiology Department
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NHS Highland

DR G B PATTERSON
BEAULY SURGERY (CROYARD ROAD)
CROYARD ROAD
BEAULY

AMANDA GOLABEK
CHI No: **1211799123**
DOB: 12. 11. 1979
CRN:

Microbiology Report

Report No: 19-455062-GTI
Specimen Collected: 17. 07. 2019

INVESTIGATION OF GENITAL TRACT INFECTION

Site: Endocervix

White blood cells: Nil
Yeasts: Nil
Trichomonas vaginalis: Not seen
Interpretation using Hay's criteria for bacterial vaginosis
Normal: Predominantly Lactobacilli morphotypes

Culture:
Yeasts not isolated

Results entered by: acampll 20/07/19 at 2:18 pm

Microbiology Department
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NHS Highland

DR G B PATTERSON
BEAULY SURGERY (CROYARD ROAD)
CROYARD ROAD
BEAULY

AMANDA GOLABEK
CHI No: **1211799123**
DOB: 12. 11. 1979
CRN:

Microbiology Report

Report No: 19-455138-URI
Specimen Collected: 17. 07. 2019

INVESTIGATION OF URINE

Site: Urine, Midstream

Culture:
No growth

Results entered by: whend01 19/07/19 at 9:46 am

Microbiology Department
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NHS Highland

DR G B PATTERSON
BEAULY SURGERY (CROYARD ROAD)
CROYARD ROAD
BEAULY

AMANDA GOLABEK
CHI No: **1211799123**
DOB: 12. 11. 1979
CRN:

Microbiology Report

Report No: 19-455745-CGC
Specimen Collected: 17. 07. 2019

Strand Displacement Amplification Test

Chlamydia trachomatis DNA : NOT detected
Neisseria gonorrhoeae DNA : NOT detected

Specimen: Cx Swab

This method has ONLY been validated by the manufacturer for:
Female:- Vaginal & Cervical swabs (Urine from females is not considered to be an optimal sample for Gonorrhoea testing.)
Male:- Urethral swabs and Urine (15-20ml, not boric acid).
If no specimen site is stated on the request form the Laboratory report will list it as "Not Stated" and will be presumed to be suitable for testing.

Released from Instrument: VIPER 19/07/19 at 8:29 am

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NHS Highland

Report No: 19-455891-A1C

DR G B PATTERSON
BEAULY SURGERY (CROYARD ROAD)
CROYARD ROAD
BEAULY

AMANDA GOLABEK
CHI No: **1211799123**
DOB: 12. 11. 1979
CRN:

Blood Sciences Report

Report No: 19-455891-A1C
Specimen Collected: 17. 07. 2019

IFCC Standardised HbA1c - Blood Sample

IFCC HbA1c:	33	mmol/mol	(< 48)

If screening for/diagnosing diabetes:
HbA1c of 48mmol/mol or above diagnostic of T2DM
For more information and for when HbA1c is contra-indicated see Shared Care Guidelines.

Released from Instrument: TOSOH 18/07/19 at 6:59 pm

Blood Sciences Department
Zone 3, Raigmore Hospital
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e-mail: High-UHB.RaigmoreBloodSciences@nhs.net
Tel: 01463 704210

NHS Highland

Report No: 19-455891-HPM

DR G B PATTERSON
BEAULY SURGERY (CROYARD ROAD)
CROYARD ROAD
BEAULY

AMANDA GOLABEK
CHI No: **1211799123**
DOB: 12. 11. 1979
CRN:

Blood Sciences Report

Report No: 19-455891-HPM
Specimen Collected: 17. 07. 2019

Full Blood Count - Blood Sample

						10^9/L	
Hb	146	g/L		(120-150)	White cells	5.3	(4.0-10.0)
RBC	**4.81**	10^12/L	H	(3.80-4.80)	Neutrophils	2.6	(2.0-7.0)
HCT	**0.470**		H	(0.360-0.460)	Lymphocytes	2.2	(1.0-3.0)
MCV	97.8	fl		(83.0-101.0)	Monocytes	0.4	(0.2-1.0)
MCH	30.3	pg		(27.0-32.0)	Eosinophils	0.1	(< 0.6)
MCHC	**310**	g/L	L	(315-345)	Basophils	0.0	(< 0.2)
RDW	13.5	%		(11.6-14.0)			
Platelets	210	10^9/L		(150-410)			
MPV	9.9	fl					

Released from Instrument: CENTRALINK 18/07/19 at 4:24 pm

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NHS Highland

Report No: 19-455891-VIM

DR G B PATTERSON
BEAULY SURGERY (CROYARD ROAD)
CROYARD ROAD
BEAULY

AMANDA GOLABEK
CHI No: **1211799123**
DOB: 12. 11. 1979
CRN:

Blood Sciences Report

Report No: 19-455891-VIM
Specimen Collected: 17. 07. 2019

Vitamin Assays - Blood Sample

Vitamin B12	348	pg/mL		(> 200)
Serum Folate	**4.70**	ng/ml	L	(> 5.50)
Ferritin	168	ng/mL		(24-240)

Ferritin reference range applies to females who menstruate. In females who do not menstruate, the reference range is 30-480 ng/mL.

Folate 3.5 - 5.5 ng/mL. May be folate deficient - interpret result in clinical context i.e. is there unexplained anaemia or raised MCV, or evidence of any of the above? Consider trial of replacement therapy.

Released from Instrument: CENTRALINK 18/07/19 at 4:18 pm

Blood Sciences Department
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Tel: 01463 704210

NHS Highland

Report No: 19-455891-THM

DR G B PATTERSON
BEAULY SURGERY (CROYARD ROAD)
CROYARD ROAD
BEAULY

AMANDA GOLABEK
CHI No: **1211799123**
DOB: 12. 11. 1979
CRN:

Blood Sciences Report

Report No: 19-455891-THM
Specimen Collected: 17. 07. 2019

Thyroid Profile - Blood Sample

TSH	2.52	mIU/L	(0.55-4.78)

Quoted ranges are for males and non-pregnant females.

Released from Instrument: CENTRALINK 18/07/19 at 4:18 pm

Blood Sciences Department
Zone 3, Raigmore Hospital
Old Perth Road
Inverness, IV2 3UJ
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Tel: 01463 704210

NHS Highland

Report No: 19-455891-RCM

DR G B PATTERSON
BEAULY SURGERY (CROYARD ROAD)
CROYARD ROAD
BEAULY

AMANDA GOLABEK
CHI No: **1211799123**
DOB: 12. 11. 1979
CRN:

Blood Sciences Report

Report No: 19-455891-RCM
Specimen Collected: 17. 07. 2019

Routine Chemistry - Blood Sample

Sodium	141	mmol/L		(133-146)
Potassium	4.6	mmol/L		(3.5-5.3)
Chloride	**110**	mmol/L	H	(95-108)
Urea	5.6	mmol/L		(2.5-7.8)
Creatinine	60	umol/L		(44-71)
eGFR	> 90	mL/min/1.73m^2		
Bilirubin	4	umol/L		(< 21)
Alk. Phos.	88	U/L		(30-130)
ALT	24	U/L		(10-49)
Albumin	43	g/L		(35-50)
Calcium	2.21	mmol/L		(2.18-2.60)
Adjusted Calcium	**2.15**	mmol/L	L	(2.20-2.60)
CRP	< 4	mg/L		(< 10)

EGFR result is considered normal.

EGFR is not recommended for individuals with unstable creatinine concentrations such as pregnant women, hospitalized patients and for individuals with extremes in muscle mass and diet such as amputees, paraplegics and body builders.

Released from Instrument: CENTRALINK 18/07/19 at 4:15 pm

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: GOLABEK Amanda — Sex: F — PID: 1211799123 — DoB: 12 Nov 1979

Kirriemuir Health Centre — Clinician: Dr A.D. WEIR — Lab No: H142916283 — KIRR WEIR1G

HGB	149	g/L	(120-160)	WBC	7.0	x10^9/L	(4.0-11.0)
RBC	4.82	H x10^12/L	(3.8-4.8)	NE#	5.1	x10^9/L	(2.0-7.5)
HCT	0.453		(0.37-0.47)	LY#	1.5	x10^9/L	(1.5-4.0)
MCV	93.9	fl	(85-105)	MO#	0.4	x10^9/L	(0.2-0.8)
MCH	30.9	pg	(27-32)	EO#	0.07	x10^9/L	(0.0-0.4)
MCC	329	g/L	(320-360)	BA#	0.0	x10^9/L	(0.0-0.1)
				PLT	275	x10^9/L	(150-400)

Lab.Comments: Note the change in units for HGB and MCHC from 01/10/13

Sample is blood unless otherwise stated

Sample Date/Time
27 Mar 2014 10:47

Clin.Details: dizzy spells ? cause

Request Entered: 27 Mar 2014 12:41 — Report Printed: 27 Mar 2014 12:57

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: GOLABEK Amanda Sex: F PID: 1211799123 DoB: 12 Nov 1979
Lab No: C142916283

Kirriemuir Health Centre Clinician: Dr A.D. WEIR KIRR WEIA1G

SODIUM	140	mmol/L	(133-146)	
POTASSIUM	4.7	mmol/L	(3.5-5.3)	
UREA	4.6	mmol/L	(2.5-7.8)	
CREATININE	71	umol/L	(44-80)	
ESTIMATED GFR	GT60	mL/min		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA			
ALT	15	U/L	(5-55)	
BILIRUBINS	6	umol/L	(0-21)	
ALKALINE PHOSPHATASE	73	U/L	(30-130)	
ALBUMIN	36	g/L	(35-50)	
GLUCOSE (preserved tube)	4.5	mmol/L	(3.3-5.8)	
TSH	1.56	mU/L	(0.4-4.0)	
C-REACTIVE PROTEIN	4	mg/L	(0-10)	

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
27 Mar 2014 10:47

Clin.Details: dizzy spells ? cause

Request Entered: 27 Mar 2014 12:41 Report Printed: 27 Mar 2014 13:31