

**Legal Aspects Team  
Health Records Department  
Gartnavel General Hospital  
1053 Great Western Road  
Glasgow  
G12 0YN**



MMA Legal Limited  
Stok  
43-59 Princes Street  
Stockport  
SK11RY

Date: 30<sup>th</sup> April 2026  
Your Ref: 100422  
Our Ref: LAT/ACCESS/ES  
Enquiries to: Emily Svensson  
Direct Line: 0141 211 3020  
Email: Emily.svensson@nhs.scot

**Re: Subject Access Request under the General Data Protection Regulation**

**PATIENT: ROGER MCBRIDE**

**D.O.B: 22/03/1970**

Thank you for your request received 15<sup>TH</sup> APRIL 2026 in which you seek a copy of your client's personal information.

Your request has been dealt with in line with our requirements under Article 15 of the General Data Protection Regulation and I now attach the following:

**QUEEN ELIZABETH UNIVERSITY HOSPITAL/ GARTNAVEL  
GENERAL HOSPITAL/ WESTERN INFIRMARY**

Please be aware that these health records have been reviewed by a clinician and any information identifying or provided by a third party has been removed.

We process personal information to enable us to provide healthcare services for patients; support and manage our employees; to carry out research and clinical trials; maintain our accounts and records and to carry out data matching under the national fraud initiative. We also use CCTV systems for crime prevention.

This personal information can be both clinical and non-clinical in nature and can include

- Patient health records, photographs or radiology images
- Video/telephone recordings, including CCTV images
- Witness statements
- Incident reports
- Complaints files



- Emails

The source of our data includes Patients, General Practitioners, Healthcare, Social and Welfare organisations, Legal representatives and Police forces.

We sometimes need to share the personal information we process with the individual themselves and also with other organisations as listed above. Where this is necessary we are required to comply with all aspects of the General Data Protection Regulation

Where these organisations are based outside Europe we take all appropriate safeguards to protect your information.

Health records are kept for a limited time and this is noted below for your information

- Adult general hospital records – six years after the date of last entry
- Maternity records – 25 years after the birth of the last child
- Children's and young people's records – until the child or young person's 25<sup>th</sup> birthday.
- Mental health records – 20 years after the date of the last contact

If you have any queries, please do not hesitate to contact us.

If you are unhappy with how your request has been dealt with please contact the NHSGGC Data Protection Officer. Their contact details are noted below:

Data Protection Officer  
Information Governance Department  
NHS GG&C – 2<sup>nd</sup> Floor  
1 Smithhills Street  
Paisley  
PA1 1EB  
Email: [data.protection@ggc.scot.nhs.uk](mailto:data.protection@ggc.scot.nhs.uk)

Yours sincerely

**Legal Aspects Team**



## ELECTRONIC PATIENT RECORDS

|                                     |                                     |           |                          |
|-------------------------------------|-------------------------------------|-----------|--------------------------|
| ALL HOSPITAL RECORDS HELD NHSGGC    | <input type="checkbox"/>            |           |                          |
| ACS                                 | <input type="checkbox"/>            |           |                          |
| BEATSON HOSPITAL                    | <input type="checkbox"/>            |           |                          |
| CANNIESBURN HOSPITAL                | <input type="checkbox"/>            |           |                          |
| DENTAL HOSPITAL                     | <input type="checkbox"/>            |           |                          |
| GARTNAVEL GENERAL HOSPITAL          | <input checked="" type="checkbox"/> |           |                          |
| GLASGOW ROYAL INFIRMARY             | <input type="checkbox"/>            |           |                          |
| INVERCLYDE ROYAL HOSPITAL           | <input type="checkbox"/>            | MATERNITY | <input type="checkbox"/> |
| NEW VICTORIA ACH                    | <input type="checkbox"/>            |           |                          |
| PRINCESS ROYAL MATERNITY            | <input type="checkbox"/>            |           |                          |
| QUEEN ELIZABETH UNIVERSITY HOSPITAL | <input checked="" type="checkbox"/> | MATERNITY | <input type="checkbox"/> |
| ROYAL ALEXANDRA HOSPITAL            | <input type="checkbox"/>            | MATERNITY | <input type="checkbox"/> |
| ROYAL HOSPITAL FOR CHILDREN         | <input type="checkbox"/>            |           |                          |
| STOBHILL HOSPITAL                   | <input type="checkbox"/>            |           |                          |
| VALE OF LEVEN                       | <input type="checkbox"/>            | MATERNITY | <input type="checkbox"/> |
| WEST AMBULATORY CARE HOSPITAL       | <input type="checkbox"/>            |           |                          |
| WESTERN INFIRMARY RECORDS           | <input checked="" type="checkbox"/> |           |                          |

### Including:

|                      |                          |
|----------------------|--------------------------|
| BADGERNET            | <input type="checkbox"/> |
| CAREVUE              | <input type="checkbox"/> |
| MEDICAL ILLUSTRATION | <input type="checkbox"/> |
| METAVISION           | <input type="checkbox"/> |
| PHYSIOTHERAPY        | <input type="checkbox"/> |
| RADIOLOGY            | <input type="checkbox"/> |
| WEST MARC            | <input type="checkbox"/> |
| LABS                 | <input type="checkbox"/> |





CHI: 2203706430

## Queen Elizabeth University Hospital

JH

Title: MR

MCBRIDE

Roger

DOB: 22/03/1970

Age: 55y

Sex: Male

1/4 27 BANNER ROAD

Glasgow  
LanarkshireG13 2HJ  
07707423651Next of kin: ASHTON, KAY  
Relationship: Parent  
0141 959 0136GP: PA Costello  
0141 959 1196

Attendance Date: 19/12/2025

Arrival Time: 20:02

Registration Time: 20:02

Date of Incident: 19/12/2025

Major Incident Desc:

Reason for Attendance: chest pain last night, no cardiac hx

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded

Pain Score:

Triage Category: 3

Tetanus up to date/fully immunised:

Presenting Complaint: Chest

Observation Date: 19/12/2025 20:19

Nurse name: Nurse Laura Walker1

|           |        |      |
|-----------|--------|------|
| RR        | 24     | bpm  |
| Oxygen    | 21     | %    |
| Air or O2 |        |      |
| SpO2      | 99     | %    |
| HR        | 80     | bpm  |
| BP        | 131/89 | mmHg |
| CRT       |        |      |
| MAP       | 103    | mmHg |
| AVPU      |        |      |
| Temp      | 35.7   | C    |
| EWS Total |        |      |

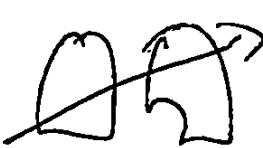
|               |  |        |
|---------------|--|--------|
| BM            |  | mmol/L |
| PF            |  | 1/min  |
| Expected PF   |  | 1/min  |
| Weight        |  | kg     |
| Height        |  | cm     |
| Visual Acuity |  |        |
| Left          |  |        |
| Right         |  |        |
| Corrected?    |  |        |

|        |    |
|--------|----|
| GCS    |    |
| Eyes   | 4  |
| Motor  | 6  |
| Verbal | 5  |
| Total  | 15 |

|              |             |
|--------------|-------------|
| Pupils-Right | Pupils-Left |
| Size (mm)    | Size (mm)   |
| Reaction     | Reaction    |

Nursing Notes: "patient states he can "feel his heart beating"- nil pain- ?heaviness on inhalation. "



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                  |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------|-----------|
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Emergency Department Notes           |                  |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ambulance Proforma reviewed Yes / No | Seen by (Doctor) | Time seen |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      | STS Ross         | 2255      |
| <p>SS → - Chest discomfort</p> <p>HPC/- Called GP as had been feeling sensation of heart beating in chest</p> <ul style="list-style-type: none"> <li>↳ advised to attend ED</li> <li>- First aware of sensation last night             <ul style="list-style-type: none"> <li>↳ feels like awareness of heartbeat / mild 'highness', denies pain</li> </ul> </li> <li>- Intermittent             <ul style="list-style-type: none"> <li>↳ happens when coughs</li> <li>↳ can recreate with deep breaths / twisting chest / moving @ should</li> </ul> </li> <li>- Denies any SOB / sputum / leg pain / swelling</li> <li>- Denies any sweats / dizziness / autonomic Sx</li> <li>- Feeling generally well</li> </ul> <p>PMH/- Takes statin</p> <ul style="list-style-type: none"> <li>- Otherwise nil of note</li> <li>- NKDA</li> </ul> <p>SH/- Smokes (10 cpd)</p> <p>O/E- Alert, orientated, looks well.</p> <p>HR 80, apyrexial. WWP.</p> <p> HS 1+11+0, neg<br/>Calves SNT, nil oedema</p> |                                      |                  |           |



Patient ID label



2203708430

MCBRIDE

Roger

22/03/1970

1/4 27 BANNER ROAD  
Glasgow, Lanarkshire

G13 2HJ

| Date | Emergency Department Notes |
|------|----------------------------|
|      | Seen by (Doctor)           |
|      |                            |

Differential Diagnosis/Problem List

? MSK  
? viral infect  
Unlikely ACS

NEWS

0-7

RED FLAG

(Tick)

SEPSIS

CURB 65

| Done/ completed | Immediate Management Plan                                                                             |
|-----------------|-------------------------------------------------------------------------------------------------------|
|                 | POCT $\square$ - <5                                                                                   |
|                 | ECG $\square$ - NSR 73                                                                                |
|                 | Home with warning advice to return to ED if changes/worsens or see GP if ongoing/not settled in 2/52. |
|                 | Advised to stop smoking                                                                               |
|                 |                                                                                                       |
|                 |                                                                                                       |
|                 |                                                                                                       |

Signature:

*[Handwritten Signature]*

Designation:

STS loss

Page No:



**PLEASE DO NOT WRITE HERE**

12-15-2017  
11:20 AM



# In-Patient Admission Notes

Patient ID label



2203706430

MCBRIDE

Roger

M

22/03/1970

Seen By:

Print:

Time Seen:

PRF Reviewed Yes / No

## Presenting Complaint(s)

Presenting complaint

History of presenting complaint

## Past Medical History / Review of portal

## Systemic Enquiry







Patient ID label



2203708430

MCBRIDE

Roger

22/03/1970 M

1/4 27 BANNER ROAD  
Glasgow, Lanarkshire

G13 2HJ

Social History \ Family History

Smoking History

Ex-smoker/Smoker \_\_\_\_\_ cpd \_\_\_\_\_ yrs

☐ NEVER SMOKED

Alcohol History

\_\_\_\_\_ Units/week

FAST score if excess \_\_\_\_\_

Recreational Drugs

Driving Status

Social Circumstances (home, supports, functional status, occupation, travel)

General Examination

Temp:

RR:

Pulse:

CBG:

SpO<sub>2</sub>:

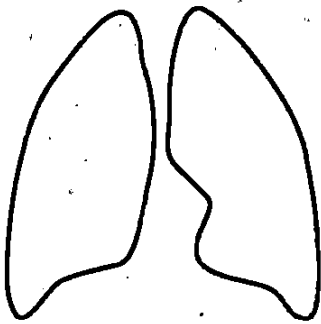
Weight:

BP:

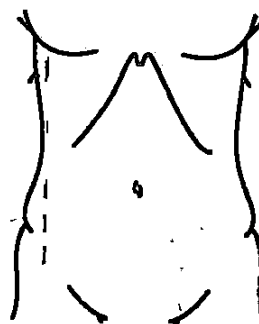
Urinalysis:

General Appearance:

Respiratory



Gastrointestinal System



Cardiovascular

Locomotor



Patient ID label

**Neurological system**

GCS: /15      E: /4      M: /6      V: /5

AMT 4 = age, DOB, place, year

AMT score \_\_\_\_ /4

Is the patient more confused/drowsy than normal: Y / N  
If yes complete 4AT / TIME

Pupils/fundoscopy:

Cerebellar and  
extrapyramidal:

Cranial Nerves:

Neck:

Reflexes:



|               | RUL | LUL | RLL | LLL |
|---------------|-----|-----|-----|-----|
| Tone          |     |     |     |     |
| Power         |     |     |     |     |
| Co-ordination |     |     |     |     |
| Sensation     |     |     |     |     |

Plantars: R      L

Skin/Other

Patient ID label



2203706430

MCBRIDE

Roger

M  
22/03/1970

1/4 27 BANNER ROAD  
Glasgow, Lanarkshire

G13 2HJ

Key Results

CXR

ECG

(Differential) diagnosis

NEWS ☐

Red Flag ☐

Sepsis ☐

CURB 65 ☐

Management Plan

☐ Thromboprophylaxis assessed  
☐ Antimicrobial

☐ Medicine Reconciliation

☐ 4AT/TIME

Signature:

PRINT NAME

PRINT GRADE

Page:



Patient ID label

**Resuscitation Decision**

Resuscitation status: **FOR RESUSCITATION** / **DNA CPR**  
(please circle)

If DNA CPR → Complete appropriate form

**Senior Medical review**

☐ Thromboprophylaxis assessed  
☐ Antimicrobial

☐ Medicine Reconciliation  
☐ DNACPR

☐ 4AT/TIME  
☐ AWI if appropriate



**Sepsis Six**

- ☐ Antibiotics within 1 hour
- ☐ Appropriate Cultures
- ☐ Fluids
- ☐ Oxygen
- ☐ Lactate
- ☐ Fluid balance, consider catheter

**Patient ID label**

2203706430

MCBRIDE

Roger

1/4 27 BANNER ROAD  
Glasgow, Lanarkshire

22/03/1970

G13 2HJ

**Medical patient thromboprophylaxis decision aid – ENSURE**

Is the patient bed-bound or expected to have reduced mobility relative to normal for 22 days?

☐ Yes☐ No**Does the patient have any of the following risk factors? Tick if apply**

|                                             |                                                                                         |  |
|---------------------------------------------|-----------------------------------------------------------------------------------------|--|
| Active cancer or cancer treatment           | Use of oestrogen containing contraceptive                                               |  |
| Age > 60                                    | Hormone replacement therapy                                                             |  |
| Dehydration                                 | Pregnancy or <6 weeks post partum (seek specialist advice)                              |  |
| Known thrombophilia                         | Critical care admission                                                                 |  |
| BMI >30                                     | Varicose veins with phlebitis                                                           |  |
| Personal/1st degree relative history of VTE | Current significant medical condition e.g. infection, inflammation, cardio resp disease |  |
| Hip fracture                                |                                                                                         |  |

☐ Yes☐ No

- No thromboprophylaxis
- Reassess (every 72 hours minimum) and document
- Ensure patient informed of how to reduce risk of DVT (see information leaflet)

**Does the patient have any of the following contraindications? Tick if apply**

|                                                                                                 |                                                               |  |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--|
| Active bleeding                                                                                 | Untreated inherited bleeding disorder                         |  |
| Acquired bleeding disorder                                                                      | Thrombocytopenia <75 x10 <sup>9</sup> /l                      |  |
| Thyroid, spinal, posterior eye or neurosurgery                                                  | Other procedure with high bleeding risk (discuss with senior) |  |
| Concurrent use of anticoagulants e.g. warfarin with INR >2                                      | Uncontrolled hypertension (>230/120)                          |  |
| Acute stroke                                                                                    | Varicose veins                                                |  |
| Recent (<4 hours) or expected (within 12 hours) lumbar puncture, epidural or spinal anaesthetic |                                                               |  |
| Other - Document                                                                                |                                                               |  |

☐ No☐ Yes

- Discuss with senior clinical staff regarding thromboprophylaxis
- Ensure patient informed of how to reduce risk of DVT (see information leaflet).
- Consider mechanical prophylaxis unless contraindicated.
- Reassess (every 72 hours minimum) and document

Enoxaparin 40mg (reduce to 20mg if weighs &lt; 50kg or eGFR &lt;30)

- Reassess every 72 hours minimum
- Ensure patient informed (see information leaflet)

Patient informed ☐ Yes ☐ N/A  
(only n/a if due to cognitive impairment or similar)

If N/A why? \_\_\_\_\_

Assessed by \_\_\_\_\_

Date \_\_\_\_\_



**Patient ID label**

2203708430  
 MCBRIDE M  
 Roger 22/03/1970  
 1/4 27 BANNER ROAD  
 Glasgow, Lanarkshire G13 2HJ

**Post Take Ward Round IAU/ARU**

Consultant: \_\_\_\_\_

C \_\_\_\_\_

**Summary**

Temp:

Pulse:

BP:

SpO<sub>2</sub>:

FIO<sub>2</sub>:

RR:

**Diagnosis:**

**Plan:**

Recommended Destination: \_\_\_\_\_  
 Suitable to board if required ☐ Yes ☐ No  
 Expected Date of Discharge: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 Bleep Number: \_\_\_\_\_



|                         |  |
|-------------------------|--|
| <b>Patient ID label</b> |  |
|-------------------------|--|

Continuation Sheet

Date: Time:

[illegible]

**Patient ID label**

2203706430

MCBRIDE

Roger

1/4 27 BANNER ROAD

Gibsonville, NC 27039

22/03/1970

2203706430

5

**22/03/1970**

**- Glasgow, Lanarkshire**

Continuation Sheet

Date: Time

[illegible]

**Patient ID label**

Continuation Sheet

Date: Time

[illegible]



Patient ID label

2203708430

MCRIDE



**MCBRIDE**

1/4 27 BANNER ROAD  
Glasgow, Lanarkshire

2203/1970

**G13 2HJ**

## Continuation Sheet

Date: Time:

[illegible]







22/03/1970  
M



2203708430  
MCBRIDE

Roger







## Emergency Attendance Letter



Emergency Department  
Queen Elizabeth University Hospital  
1345 Govan Road  
Glasgow  
Lanarkshire  
G51 4TF

Dept. Contact Details:  
Tel: 0141 452 2930/2931  
Fax: 0141 201 2804  
Email:

Date Completed: 21/12/2025

Consultant: Dr Ioannis Traiforos

PA Costello  
Knightswood Medical Practice  
1980 Great Western Road  
Glasgow  
Glasgow  
G13 2SW

Dear PA Costello

Re: **McBride Roger**  
1/4 27 BANNER ROAD  
Glasgow G13 2HJ

DOB: 22/03/1970

CHI: 2203706430

Attended on: **19/12/2025 at 20:02 hrs.**

Departed on: **19/12/2025 at 23:05 hrs.**

Discharge Type: **01ap - Discharge with patient to action**

Destination: **Private residence**

Previous ED Attendance in last 12 months: **0**

Presenting complaint  
**chest pain last night, no cardiac hx**

Nursing Assessment:  
**patient states he can "feel his heart beating"- nil pain- ?heaviness on inhalation.**

Investigations in ED: **None**



## Diagnosis:

| Diagnosis               | Side | Site |
|-------------------------|------|------|
| Chest Pain, Unspecified |      |      |

Procedures: None

Immunisations: None

Dispensed Medication: Please see Clinician Notes

## Clinician Notes:

Presented with intermittent awareness of heartbeat and chest 'tightness'. ECG/trop NAD. Well in ED.  
Home with worsening advice.

## Followup:

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,

Jennifer Ross

Doctor

## Copies to:

1. PA Costello (GP)

## School Address:



**Clinic Letter**



Gartnavel General Hospital  
1053 Great Western Road  
Glasgow  
G12 0YN  
0141 211 3000

Dr. PA Costello  
Knightswood Medical Practice  
1980 Great Western Road  
Glasgow  
G13 2SW

Main  
Switchboard:  
Department:  
Contact Tel:  
Enquiries to:  
Letter Date: 24/02/2020  
Reference:  
Dictated 24/02/2020  
Date:  
Transcribed 24/02/2020  
Date:

Podiatry

Dear Dr. PA Costello,

**Roger McBride; D.O.B: 22 Mar 1970; CHI: 2203706430**  
**1/4 27, BANNER ROAD, Glasgow, Lanarkshire, G13 2HJ**

Attendance: Specialty - Podiatry; Clinic - CCSUPR12-SHARED ULCER PODIATRIST MONDAY ALL DAY

Date and Time of Appointment - 24/02/2020 10:05

**Clinical Comments:**

patient did not attend appointment. No further appointment provided.

James MacKinnon,

Podiatrist.

Electronically Signed: ,

cc.



**HOSPITAL INFORMATION MISSING**

Dr GILLIAN WATSON  
1980 GREAT WESTERN ROAD  
GLASGOW

G13 2SW

Date : 30 Aug 2011

Dear Dr GILLIAN WATSON,

**Re: ROGER MCBRIDE, 1/4 27 BANNER ROAD, GLASGOW, G13 2HJ**  
**Date of Birth: 22/03/1970 CHI number: 2203706430**

HOSPITAL INFORMATION MISSING Patient attended on the 30 Aug 2011.

The presenting complaint was: **OD**

Triage information: **PT. ATTENDING A&E WITH AN OVERDOSE OF  
CITALOPRAM 20MG X3, TEMAZEPAM 20MG X9  
EARLIER TODAY. PT HAS ALSO DRUNK ALCOHOL  
THIS PM. TEMP 35.8**

The following investigations **None**  
were carried out:

The A&E diagnosis was: **ACCIDENTAL POISONING - BENZODIAZEPINES**

The following treatment was **None**  
given:

**DISCHARGED**



At the conclusion of  
treatment the patient was:

Follow-up: **DISCHARGED**

Additional information: **None**

Yours sincerely,

**JANA THUREY**

**EMERGENCY DEPARTMENT DOCTOR**



**HOSPITAL INFORMATION MISSING**

Dr GILLIAN WATSON  
1980 GREAT WESTERN ROAD  
GLASGOW

G13 2SW

Date : 24 Jul 2010

Dear Dr GILLIAN WATSON,

**Re: ROGER MCBRIDE, 1/4 27 BANNER ROAD, GLASGOW, G13 2HJ**

**Date of Birth: 22/03/1970 CHI number: -**

HOSPITAL INFORMATION MISSING Patient attended on the 24 Jul 2010.

The presenting complaint was: **ASSAULT / STAB WOUND**

Triage information: **BIBA. PATIENT CLAIMS TO HAVE BEEN ASSAULTED  
TONIGHT. STABBED TO LEFT BUTTOCK AND HIT  
NUMEROUS TIMES TO BACK AND HEAD. DENIES  
ANY LOC. ALERT AND ORIENTATED ON TRIAGE.  
TEMP 35.6**

The following investigations **None**  
were carried out:

The A&E diagnosis was: **\*\*INJURY-ALLEGED ASSAULT\*\* - PENETRATING -  
LOWER LIMB-SPECIFY AREA IN GP LETTER  
\*\*INJURY-ALLEGED ASSAULT\*\* - HEAD AND FACE  
TRAUMA-SPECIFY IN GP LETTER - MINOR HEAD  
INJURY**



The following treatment was **None**  
given:

At the conclusion of **DISCHARGED**  
treatment the patient was:

Follow-up: **DISCHARGED**

Additional information: **None**

Yours sincerely,

**ERIN KILBORN**

**EMERGENCY MEDICINE F Y 2**

McBride, Roger

ID:2203706430

19-DEC-2025 20:45:32

GREATER GLASGOW SITE-QEED ROUTINE RECORD

22-MAR-1970 (55 yr)  
Male

|              |         |     |
|--------------|---------|-----|
| Vent. rate   | 73      | BPM |
| PR interval  | 148     | ms  |
| QRS duration | 92      | ms  |
| QT/QTc       | 382/420 | ms  |
| P-R-T axes   | 73 74   | 69  |

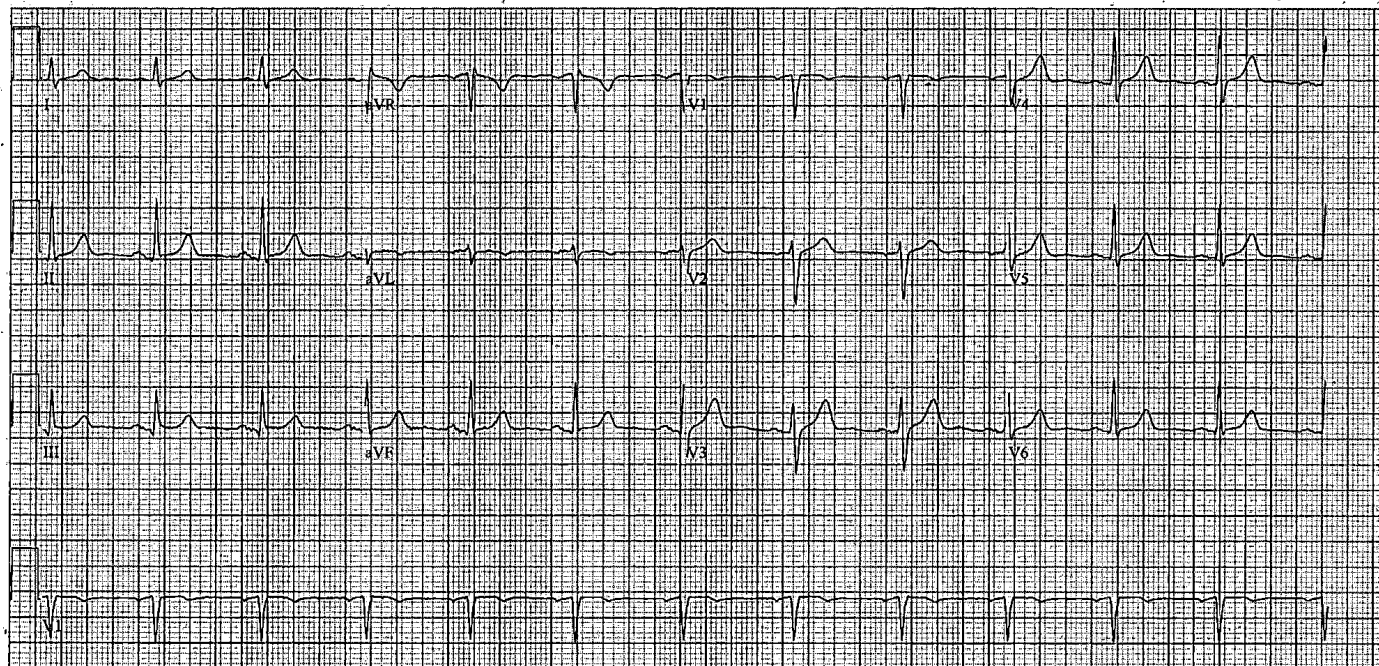
Normal sinus rhythm  
Normal ECG

Room:  
Loc:1301

Technician: bm  
Test ind:01

Unconfirmed

Comments:



25mm/s 10mm/mV 100Hz 9.0.10 12SL 243 CID: 1036

SID: 2871757 EID:13 EDT: ORDER:

Page 1 of 1

McBride, Roger

ID:2203706430

19-DEC-2025 20:42:51

GREATER GLASGOW SITE-QEED ROUTINE RECORD

22-MAR-1970 (55 yr)  
Male

|              |         |     |
|--------------|---------|-----|
| Vent. rate   | 70      | BPM |
| PR interval  | 148     | ms  |
| QRS duration | 92      | ms  |
| QT/QTc       | 370/399 | ms  |
| P-R-T axes   | 76 72   | 68  |

Normal sinus rhythm  
Normal ECG

Room:  
Loc:1301

Technician: bm  
Test ind:01

Unconfirmed

Comments:



25mm/s 10mm/mV 100Hz 9.0.10 12SL 243 CID: 1036

SID: 2871757 EID:13 EDT: ORDER:

Page 1 of 1



McBride, Roger

Male  
22/03/1970 (55 Years)

Location: 1301

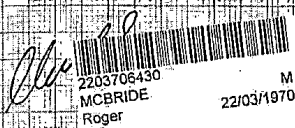
Technician ID: bm

Test Indication: 01

Vent. rate 73 BPM  
PR interval 148 ms  
QRS duration 92 ms  
QT/QTc-Baz 382/420 ms  
P-R-T axes 73 74 69

Patient ID: 2203706  
Normal sinus rhythm  
Normal ECG

19.12.2025 20:45:32  
QUEUED



Comments:

Unconfirmed



25 mm/s 10.0mm/mV

0.56-100 Hz ZPD 50 Hz

MAC™ 7.100 SP06

12SL v23.1-4 by 2.5s + 1 rhythm id

Page 1 of 1



McBride, Roger

Male  
22/03/1970 (55 Years)

Location: 1301

Vent. rate  
PR interval  
QRS duration  
QT/QTc-Baz  
P-R-T axes

70 BPM  
148 ms  
92 ms  
370/399 ms  
76-72 68

Patient ID: 2203701

Normal sinus rhythm  
Normal ECG

19.12.2025 20:42:51

QEUH ED

Technician ID: bm

Test Indication: 01

*Should repeat*



2203708430  
MCBRIDE  
Roger  
22/03/1970  
1/4 27 BANNER ROAD  
Glasgow, Lanarkshire  
G13 2HJ

Unconfirmed



25 mm/s 10.0mm/mV

0.56-100 Hz ZPD 50 Hz

MAC™ 7-1.00 SP06

12SL v23.1 4 by 2.5s + 1 rhythm id

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c