

EXAMEN DE RADIO

NOM ET PONT NOM
AGE ET SEXE
N° ADRESSE DEMANDE

MUFWAN KALO DIEU
2 ans (M)
Chox Fall

RETHORAX

— cliché de thorax à la suite, sans
inspiration, la ve sp.

— inspiration sp.

— cœlum sp. I.C.T. = 98/120 COEFF
volume normal

BY SIGNING BELOW, I/WE ACKNOWLEDGE THAT:

- A. I/WE HAVE RECEIVED AND REVIEWED THIS MEDICAL INFORMATION.
- B. EUROPEAN ADOPTION CONSULTANTS, INCORPORATED HAS MADE NO REPRESENTATIONS TO ME/US REGARDING THIS DOCUMENT AND I/WE HAVE BEEN ADVISED THAT THE INFORMATION CONTAINED IN THIS DOCUMENT MAY BE INACCURATE AND/OR INCOMPLETE AND IS THEREFORE UNRELIABLE.
- C. I/WE HAVE ACCEPTED REFERRAL OF THE CHILD IDENTIFIED IN THIS DOCUMENT UNDER THE TERMS AND CONDITIONS SET FORTH IN THE WRITTEN ACCEPTANCE OF REFERRAL FOR ADOPTION SUBMITTED BY ME/US TO EUROPEAN ADOPTION CONSULTANTS, INCORPORATED.

all à Bangundu, le 01.01.2013

Le Responsable Du Service De La Radiologie

Signature

Date

Signature

Date



Technicien de Radio

ALEXIS NZANZA

REPUBLIQUE DEMOCRATIQUE DU CONGO
 PROVINCE DE BANDUNDU
 HOPITAL DE BANDUNDU

DEMANDE D'ANALYSE DE LABORATOIRE

NOM: MUKIANZOLA PRENOM: FRANCOISE
 SEXE: F AGE: 2 ANS
 EXAMEN DEMANDE: _____

| EXAMEN | RESULTATS |
|-----------------|-----------|
| ✓ SC | OK |
| ✓ PPO | Negatif |
| ✓ W | 250 ml/h |
| ✓ TOR | Negatif |
| ✓ sérum VIH 1/2 | Negatif |
| ✓ sérum 2 | Negatif |
| ✓ sérum 3 | Negatif |
| ✓ sérum 4 | AS |

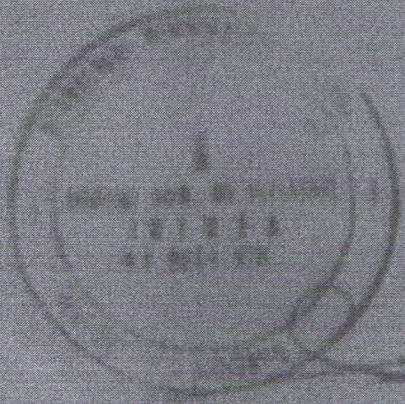
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Signature _____ Date _____

Signature _____ Date _____

Paul A. Soudanubu, le 22/11/2013



Le Technicien de Laboratoire

[Handwritten signature]

*FRANCOISE
 MUKIANZOLA
 le 22/11/2013*