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Table 13.2. Void Ratio and Void Ratio Index

Applied Load (kN)	Stage Deformation (mm)	Corrected Deformation (mm)	Strain (i, %)	Final Stage Height (mm)	Void Ratio

d. the change in height for the stage of loading
 ΔH , total change in height for sample
 H_{50} , total change in height for the stage of consolidation. At this level of deformation determine the values in Table 13.3 below.

Table 13.3. Coefficient of Consolidation, c_v , (mm²/min)

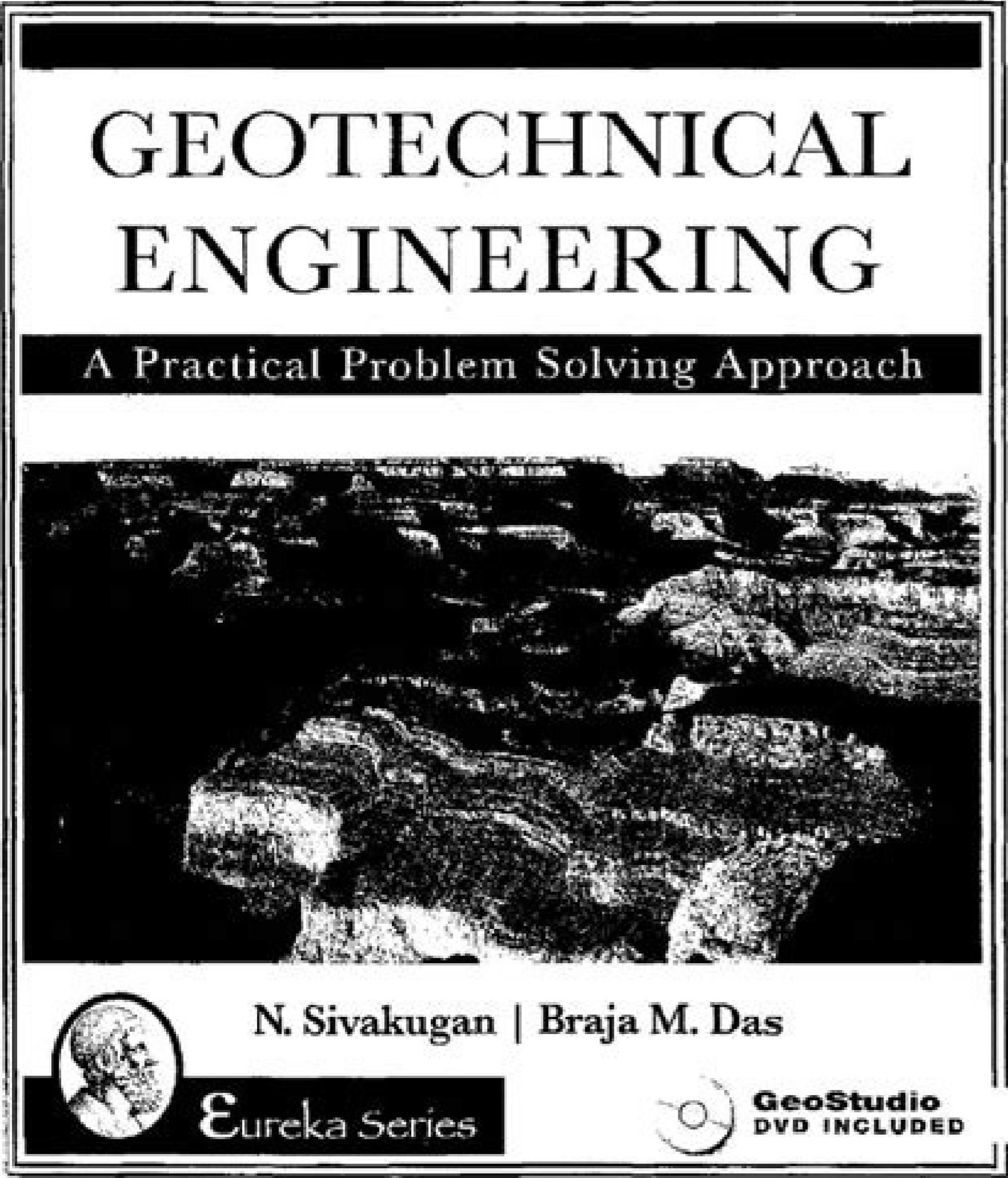
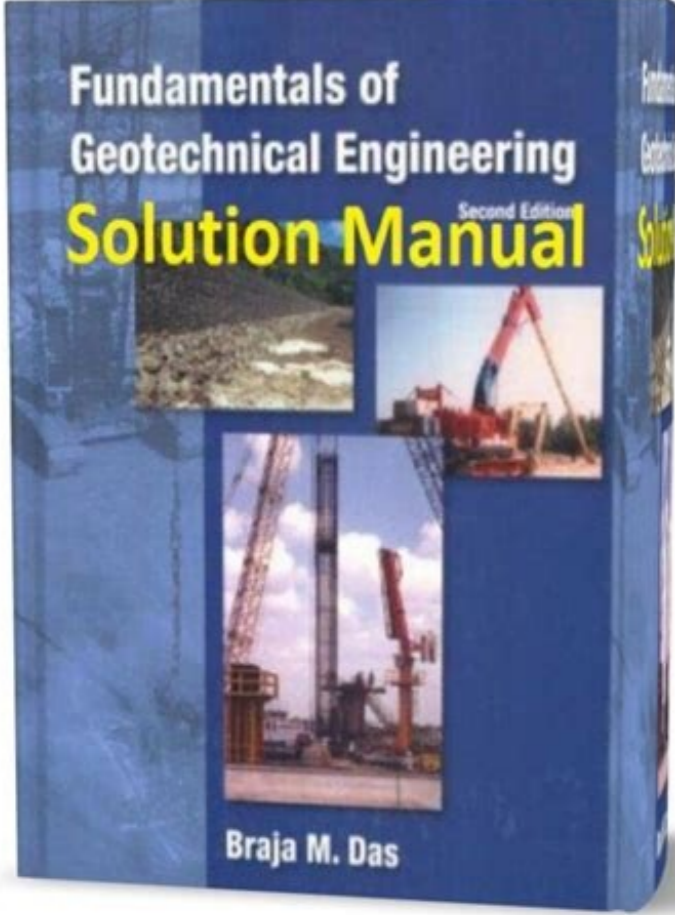
H_{50} (mm)	t_{50} (min)	H_{50} (mm)	t_{50} (min)	c_v (mm ² /min)	c_v (cm ² /day)

H_{50} , height of sample at 50% deformation stage
 To compute the coefficient of consolidation, c_v , we can use Equation 13.4 below.
 Equation 13.4. Coefficient of consolidation, c_v

$$c_v = \frac{7H_{50}^2}{t_{50}}$$

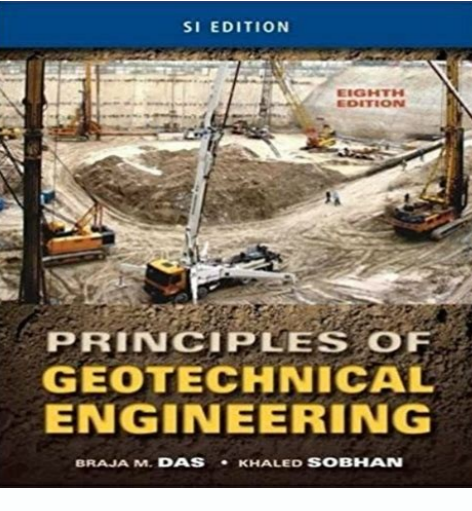
Where:
 $T = 0.197$ when using the log time plot or 0.848 when using the square root of time plot.
 H_{50} , half the specimen height for a double drained device (D)
 t_{50} , time of consolidation, t_u for log time plot and t_u for square root of time plot.

Assignment
 Flat Foundations Inc. (FFI) has hired you to determine the time deformation curves in log of time and the square root of time, stress vs. stress and the coefficient of consolidation (c_v) of a soil from Swamland U.S.A. FFI also wants you to clarify Terzaghi's Theory of Consolidation and why it's important for them to consider this in their design.



CONTENTS

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Printer friendly version pdf icon[1 page] Bacterial meningitis remains a serious global health problem. The laboratory plays a crucial role in diagnosing this devastating disease. By identifying the causative organism and determining antimicrobial susceptibility, laboratorians provide clinicians with the information required to deliver appropriate treatment to their patients. Laboratories play a crucial role for communities and populations as laboratory data are the foundation of public health surveillance for bacterial meningitis. These surveillance data guide ministries of health when responding to epidemics, making decisions about the introduction and use of vaccines, and properly allocating resources according to the needs of the population. Thus, a well-trained and equipped diagnostic laboratory is critical for the health of individuals and populations. In 1999, the World Health Organization published the first edition of "Laboratory Methods for the Diagnosis of Meningitis Caused by Neisseria meningitidis, Streptococcus pneumoniae, and Haemophilus influenzae." That manual aimed to provide laboratories with a clear, concise guide to the basic procedures for isolating and identifying N. meningitidis, S. pneumoniae, and H. influenzae from the blood or cerebrospinal fluid of patients with bacterial meningitis. The focus was on including laboratory procedures chosen for their utility, ease of performance, and ability to give reproducible results; while taking into account the diversity of laboratory capabilities, availability of materials and reagents, and their cost. Since its publication, that manual has been widely adopted by laboratories worldwide. In the twelve years since the first edition of this manual, important changes have occurred both in the epidemiology of bacterial meningitis and in the available laboratory techniques for isolating, identifying, and characterizing the causative organism. In recent years, great progress has been made in increasing worldwide access to vaccines to prevent meningococcal, pneumococcal, and H. influenzae type b (Hib) disease. Most recently, the historic development and implementation of a new meningococcal conjugate vaccine for serogroup A has the potential to eliminate epidemic meningitis in sub-Saharan Africa. Surveillance for diseases caused by infectious agents that are targeted by newer vaccines will likely require a syndromic approach. Patients diagnosed with meningitis syndrome may all exhibit similar symptoms (i.e., fever, headache, stiff neck) but each individual's disease could be caused by a variety of organisms, including the bacterial meningitis pathogens N. meningitidis, S. pneumoniae, and H. influenzae. Hence, clinical syndromic surveillance must be complemented by a strong laboratory component to allow for diagnostic confirmation of the specific disease agent. Laboratory networks supporting surveillance, such as the Invasive Bacterial Vaccine Preventable Diseases (IB-VPD) Surveillance Network and Integrated Disease Surveillance and Response (IDSR) have helped to improve data quality to expedite and sustain evidence-informed decisions at the global, regional, and national levels. These developments prompted a revision of the manual to produce this second edition. The revision follows the format of the first edition, but has been expanded to include Results Management and Reporting of Data (Chapter 3); Biosafety (Chapter 4); PCR for Detection and Characterization of Bacterial Meningitis Pathogens (Chapter 10); Antimicrobial Susceptibility Testing (Chapter 11); Characterization by Molecular Typing Methods (Chapter 12); and Quality Control/Quality Assurance (Chapter 13). Back to Laboratory Methods Manual Loading PreviewSorry, preview is currently unavailable. You can download the

paper by clicking the button above. Principal Investigator: Lilly Engineer, M.D., Dr.P.H., M.H.A. Department: Anesthesiology and Critical Care Medicine Research in the Lilly Engineer Lab examines the quality and safety of medical care, with a focus on rural and underserved communities. Our current research evaluates methods for improving immunization rates among inner-city populations of school-aged children. We are also exploring the effect of federal policy changes and health care market forces on rural hospitals in the United States. Research Areas: safety, quality of life, rural health care, health disparities Find a Research Lab Edit lab profile

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