CANADIAN BACTERIAL SURVEILLANCE NETWORK
***HAEMOPHILUS INFLUENZAE* SPECIMEN SHIPPING LOG SHEET**

NAME OF PARTICIPATING LABORATORY:_____

(Consecutive clinically relevant isolates of *H. influenzae* from all sites)

CBSN STUDY NO. **(CBSN office use only)**	**PARTICIPATING LAB #**	**DATE OF ISOLATION**	**SPECIMEN SITE**	**AGE**	**GENDER**	**PATIENT LOCATION** (eg. ER, OR, OP,etc)	**Gram Stain Resist**	**b - LACT** **(CBSN office use only)**	**Type B** **(CBSN office use only)**

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