CANADIAN BACTERIAL SURVEILLANCE NETWORK
ALL BLOOD CULTURE ISOLATES OF VIRIDANS STREPTOCOCCI

NAME OF PARTICIPATING LABORATORY:_____

(All isolates of Viridans streptococci form blood cultures)

CBSN STUDY NO. (CBSN office use only)	PARTIC. LAB #	DATE OF ISOLATION	SPECIMEN SITE	AGE	GENDER	PATIENT LOCATION (eg. OR, ER, outpat. etc..)	SUSCEPTIBILITY RESULT (CBSN office use only)	
							OP	BILE

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