CANADIAN BACTERIAL SURVEILLANCE NETWORK
***MORAXELLA CATHARRHALIS* (From all sites) SPECIMEN SHIPPING LOG SHEET**

NAME OF PARTICIPATING LABORATORY:

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(First 5 consecutive and clinically relevant isolates)

CBSN CODE NO.	PARTICIPATING LAB #.	DATE OF ISOLATION	SPECIMEN SITE	AGE	GENDER	PATIENT LOCATION (eg. OR, ER, outpat. etc..)	COMMENTS (for CBSN office use only)