

CANADIAN BACTERIAL SURVEILLANCE NETWORK

ISOLATE SHIPPING FORMS

Please indicate numbers of each type of isolate being shipped:

of Group A Streptococcus _____

of *Streptococcus pneumoniae* _____

of *Strep viridans* blood cultures _____

of Haemophilus Influenzae _____

of *E. Coli* _____

of *Moraxella catarrhalis* _____

of *S. aureus* _____

Returned from:

Hospital: _____ **City:** _____

Name of Person Shipping: _____
(Please print name)

Date of Shipment: _____

Please complete if additional supplies are required.

SUPPLIES ORDER FROM

Please 4 Item(s) required

Qty

- | | | |
|---|-------|---|
| X | _____ | SAF-T-PAKS |
| X | _____ | Federal Express/Purulator Waybills (Circle preferred courier) |
| X | _____ | Specimen Shipping Log Sheets |
| X | _____ | Number of swabs |

Should you require further information, please call us using our toll-free number 1-800-668-6292. Address: Mount Sinai Hospital, Microbiology Dept., 600 University Ave., Toronto, Ontario, M5G 1X5.