

# 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 *Staphylococcus aureus* \_\_\_\_\_

# of *Strep viridans* blood cultures \_\_\_\_\_

# of *Moraxella catarrhalis* \_\_\_\_\_

# of *E. Coli* \_\_\_\_\_

# of *Haemophilus Influenzae* \_\_\_\_\_

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

- |                          |       |   |
|--------------------------|-------|---|
| <input type="checkbox"/> | _____ | SAF-T-PAKS  |
| <input type="checkbox"/> | _____ | Federal Express/Purulator Waybills (Circle preferred courier) |
| <input type="checkbox"/> | _____ | Number of swabs   |
| <input type="checkbox"/> | _____ | Specimen Shipping Log Sheets                                  |

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.