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

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, IN, OP,etc)	**Gram Stain Resist**	**β- LACT** **(CBSN office use only)**	**Type B** **(CBSN office use only)**

 Canadian Bacterial Surveillance Network, Mount Sinai Hospital, Room 1460, Toronto, ON M5G 1X5. Phone 1-800-668-6292. FAX 416-586-3140 email: aplevneshi@mtsinai.on.ca