CANADIAN BACTERIAL SURVEILLANCE NETWORK
STAPHYLOCOCCUS AUREUS (From all sites) SPECIMEN SHIPPING LOG SHEET

PARTICIPATING LABORATORY: _____

(First consecutive and clinically relevant isolates)

CBSN CODE NO.	PARTICIPATING LAB #.	DATE OF ISOLATION	SPECIMEN SITE	AGE	GENDER	PATIENT LOCATION (eg. Inpat., ER, outpat. etc..)	Ox. Screen result	CBSN office use only