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Site Number

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Subject Number

Form MB - Microbiology Specimen Central Processing

1 MB - Central Processing

1.1	Accession Number		MBREFID										
1.2	Collection Date (DD- <small>MMM</small> - <small>YYYY</small>)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											MBDAT
1.3	Specimen Type	<input type="radio"/> [<small>ENDOTRACHEAL FLUID</small>] Endotracheal Fluid <input type="radio"/> [<small>SWABBED MATERIAL</small>] Swabbed Material	MBSPEC										
1.4	What was the anatomical location where the specimen was collected?	<input type="radio"/> [<small>NOSE</small>] Nose <input type="radio"/> [<small>THROAT</small>] Throat	MBLOC										