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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-MMM-YYYY)	<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"/> [ENDOTRACHEAL FLUID] Endotracheal Fluid <input type="radio"/> [SWABBED MATERIAL] Swabbed Material	MBSPEC										
1.4	What was the anatomical location where the specimen was collected?	<input type="radio"/> [NOSE] Nose <input type="radio"/> [THROAT] Throat	MBLOC										