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Site Number

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Subject Number

Form MB - Microbiology Specimen Local Processing**1 MB - Local Processing**

1.1	Was the test performed?	<input type="radio"/> [N] No <input type="radio"/> [Y] Yes	MBPERF										
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	Test Name		MBTEST										
1.4	Test Detail		MBTSTDTL										
1.5	Result	<input type="radio"/> [POSITIVE] Positive <input type="radio"/> [NEGATIVE] Negative	MBORRES										
1.6	Specimen Type	<input type="radio"/> [ENDOTRACHEAL FLUID] Endotracheal Fluid <input type="radio"/> [SWABBED MATERIAL] Swabbed Material	MBSPEC										
1.7	What was the anatomical location where the specimen was collected?	<input type="radio"/> [NOSE] Nose <input type="radio"/> [THROAT] Throat	MBLOC										
1.8	What was the method used for the test or examination?		MBMETHOD										