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Site Number

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Subject Number

**Acute Respiratory Infection-Pathogen Testing****1 Acute Respiratory Infection-Pathogen Testing**

1.1	Microbiology Category	ACUTE RESPIRATORY INFECTION <b>MBCAT</b>										
1.2	Was any pathogen testing performed?	<input type="radio"/> No <b>MBPERF</b> <input type="radio"/> Yes										
1.3	What was the date the specimen was collected? (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> <b>MBDAT</b>										
1.4	What is the specimen material type?	<input type="radio"/> Swabbed Material <b>MBSPEC</b> <input type="radio"/> Sputum										
1.5	What was the anatomical location where the specimen was collected?	<input type="radio"/> Nose <b>MBLOC</b> <input type="radio"/> Throat										
1.6	Microbiology Test Name	Identification <b>MBTEST</b>										
1.7	What was the result of the test?	<input type="radio"/> Growth <b>MBORRES</b> <input type="radio"/> No Growth										
1.8	What was the specific pathogen identified?	<b>MBDESC</b>										
1.9	What was the method used for the test?	<input type="radio"/> Microbial Culture <b>MBMETHOD</b> <input type="radio"/> Other										