

CA P.EXE - □ X

Salmonella Human 2:40 pm

**Add Edit Delete Next Previous Questions Exit**

Case ID...	-	-	-	Local Case ID	
Last Name.....				First Name...	
Address.....				City.....	
State/ZipCode.....	█	-		County.....	
Patient Phone.....	-	-		Sex.....	
Date of Birth.....	/	/		Race.....	
Ethnicity.....				Local Aliq ID	
Specimen Date.....	/	/		Age: Yrs/Months...	█
Submit Lab.....				Phone.....	-
Submit Phys.....				Phone.....	-
Specimen Source.....					

Comments:  
 <<Ctrl-W>  
 Updates>

Add New Case