

C:\ P.EXE - □ X

Campylobacter 2:35 pm

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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