

CA P.EXE - □ X

Salmonella Human 2:40 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..... | | | | | |

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 Updates>

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