U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention (CDC)
Atlanta, Georgia 30333

SITE_____ MONTH_____ YEAR_____

CDC Date Received_____/_____/_____

NATIONAL ANTIMICROBIAL RESISTANCE MONITORING SYSTEM
Non-Typhi *Salmonella* ISOLATES LOG SHEET

Please send every 20th non-Typhi *Salmonella* isolate received

OMB NO. 0920-0004

	Isolate ID Number	1st 3 letters of last name			Serotype (Or Antigen Formula)	Date Specimen Collected			Date Specimen Received at State Laboratory			Specimen Source (√ One)				County of Residence	Age or Date of Birth			SEX (√)		CDC USE ONLY						
						MO.	DAY	YR.	MO.	DAY	YR.	Stool	Blood	Urine	Other		Age (YRS)	MO	YR	M	F							
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