

Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Blood Cultures

1. ATCEITURHPE \_\_\_\_\_
2. OFAEMRL EYRATR \_\_\_\_\_
3. LSCRAVUA ECSCSA SEIVEDC \_\_\_\_\_
4. EERVF \_\_\_\_\_
5. TBEIRCEMAA \_\_\_\_\_
6. CIBRAAHL RYTARE \_\_\_\_\_
7. HTRPNEAITOEYNLIV \_\_\_\_\_
8. LDOBO URCLUTE \_\_\_\_\_
9. LCOTEAS \_\_\_\_\_
10. EMPINESSC \_\_\_\_\_