

Study ID: \_\_\_\_\_

**CEIRS Human Influenza Study  
Form 7A: Enrollment Specimen Collection**

Collecting Institution:  JHH  BVMC  Linkou  Taipei  Keelung

Collecting Country:  USA  Taiwan

Which samples have been collected?

Nasopharyngeal Swab:

- Collected
- Not indicated (Influenza Positives Only)
- Patient refused: Reason \_\_\_\_\_
- Coordinator Unable to Obtain: Reason \_\_\_\_\_
- Other: \_\_\_\_\_

Blood (Serum) Sample:

- Collected
- Patient refused: Reason \_\_\_\_\_
- Coordinator Unable to Obtain: Reason \_\_\_\_\_
- Other: \_\_\_\_\_

Nasal Wash:

- Collected
- Not indicated
- Patient refused: Reason \_\_\_\_\_
- Coordinator Unable to Obtain: Reason \_\_\_\_\_
- Other: \_\_\_\_\_

*For Each Sample collected, please fill out the appropriate information:*

**Nasopharyngeal Swab**

Collection:

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_  
Time: \_\_\_ : \_\_\_ (hh:mm) (24-hour clock)  
Coordinator initials: \_\_\_\_\_

Result:

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_  
Time: \_\_\_ : \_\_\_ (hh:mm) (24-hour clock)  
Coordinator initials: \_\_\_\_\_

Rapid Influenza Test Result (*Please Check One*):

- Influenza Negative
- Influenza A Positive
- Influenza A (H1N1) Positive
- Influenza B
- Invalid\*
- Error\*
- No Result\*

Was a provider informed of the influenza test result?     No     Yes     N/A, no provider assigned

Did the subject leave prior to result?     No     Yes

*If result positive, participant must be notified of the result.*

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\*If initial test is indeterminate, repeat the test and record the result below for the rapid influenza retest:

- Influenza Negative
- Influenza A Positive
- Influenza A (H1N1) Positive
- Influenza B
- Invalid
- Error
- No Result

Transport to CEIRS laboratory:

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_  
Time: \_\_\_ : \_\_\_ (hh:mm) (24-hour clock)  
Coordinator initials: \_\_\_\_\_

**Blood (Serum) Sample**

Collection:

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Time: \_\_\_ : \_\_\_ (hh:mm) (24-hour clock)

Coordinator initials: \_\_\_\_\_

Placed in refrigerator:

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Time: \_\_\_ : \_\_\_ (hh:mm) (24-hour clock)

Coordinator initials: \_\_\_\_\_

Final sample processing:

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Time: \_\_\_ : \_\_\_ (hh:mm) (24-hour clock)

Coordinator initials: \_\_\_\_\_

**Nasal Wash**

Influenza Test Result:  Negative  Positive

*(Note: Test must be positive in order to collect nasal wash sample)*

Influenza Test Type:  Cepheid Xpert Flu  Sofia  Other;specify:  
\_\_\_\_\_

Influenza Test Result:  Influenza A  Influenza A (H1N1)  Influenza B  
 Other, specify: \_\_\_\_\_

**Collection:**

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Time: \_\_\_ : \_\_\_ (hh:mm) (24-hour clock)

Coordinator initials: \_\_\_\_\_

**Placed in refrigerator:**

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Time: \_\_\_ : \_\_\_ (hh:mm) (24-hour clock)

Coordinator initials: \_\_\_\_\_

**Final sample processing:**

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Time: \_\_\_ : \_\_\_ (hh:mm) (24-hour clock)

Coordinator initials: \_\_\_\_\_

**Subject Notes**