

CEIRS Human Influenza Surveillance Study
Form 14A: 10% Data Accuracy Report

Instructions: This form is to be completed every month during Clinical Study

Site: _____

Date: __ __ / __ __ / __ __ __ __

Person Completing this Form: _____

Enrollment Dates for This Month

Start: __ __ / __ __ / __ __ __ __

End: __ __ / __ __ / __ __ __ __

Number of Subjects Enrolled this month: _____

Number of Subjects Required for QA : _____

(10% or a minimum of 4 subjects, whichever is greater)

For each subject requiring QA, please complete the following table:

Instructions: Complete this chart if QA required and place this form in the corresponding subject's case report forms binder tab.

Subject ID: _____

	Criteria	Number of Corrections	Incomplete Y/N
Eligibility	Form 2A: All inclusion criteria met and documented properly		
Enrollment	Form 4A: Demographic and exposure Information captured and documented properly		
	Form 5A: Current symptoms captured and documented properly		
	Form 6A: Medical history captured and documented properly		
	Form 7A: (If applicable) Samples collected, processed, and stored properly		
Follow Up	Form 8A: Follow Up results documented properly		
	Form 9A: ED Chart Review captured and documented properly		
	Form 10A: Inpatient Chart Review captured and documented properly		
Quality Control	Form 12A: Subject Checklist complete		