

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.

*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