

**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: \_\_\_\_\_

	<b>Criteria</b>	<b>Number of Corrections</b>	<b>Incomplete Y/N</b>
<b>Eligibility</b>	Form 2A: All inclusion criteria met and documented properly		
<b>Enrollment</b>	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		
<b>Follow Up</b>	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		
<b>Quality Control</b>	Form 12A: Subject Checklist complete		