Form Approved

OMB Number 0925-XXXX

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# 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

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