

Form Approved
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Public reporting burden for this form is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-XXXX). Do not return the completed form to this address.

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: _____

Study ID: _____

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