Form Approved

OMB Number 0925-XXXX

Exp. Date: XX/XX/XXX

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# Study ID:

**CEIRS Human Influenza Surveillance Study Form 12A: Subject Checklist**

Visit of

**Instructions**: Research Coordinator is to initial where he or she successfully completes a task listed below

# Enrollment:

Meets Eligibility Criteria (Form 2A: Eligibility Checklist)

* Quality Control check of 100% of Inclusion and Exclusion Criteria

Written Consent Obtained

Form 4A: Demographic Information

Form 5A: Current Symptoms

Form 6A: Medical History

Form 7A: Sample Collection

Subject compensated $50

Enter data into REDCap

Quality control check of enrollment data entered

# Follow up:

Form 8A: Follow-up phone call/visit

Form 8A: Blood (Serum) Sample Collected

Subject compensated $75 (initial if applicable)

Form 9A: Chart Review: ED Visits

Form 10A: Chart Review: Inpatient Hospitalization

All data into REDCap

Quality control check of follow up data entered

# Other:

Quality assurance 10% check of all data (source documents and REDCap) (initial if applicable)

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