Form Approved

OMB Number 0925-XXXX

Exp. Date: XX/XX/XXX

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.

# 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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