

Form Approved
OMB Number 0925-XXXX
Exp. Date: XX/XX/XXX

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**CEIRS Human Influenza Surveillance Study
Form 13A: Enrollment Report**

Instructions: To be completed every other week during Clinical Study

Site: _____

Date: _____

Person Completing this Form: _____

Enrollment Dates Included: Start: _____ End: _____

Number of patients Screened: _____

Number of patients Eligible: _____

Number of patients Enrolled: _____

Why were patients not enrolled?

Number of Patients	Reason Not Enrolled
	Did not meet inclusion/exclusion criteria
	Declined: Did not like the idea of participating in a study.
	Declined: Felt too sick to be in the study
	Declined: Lack of Adequate Compensation
	Declined: Did not want to receive a second nasal swab
	Declined: Did not want to return for Follow-Up
	Declined: Other
	Left ED prior to enrollment
	Other

Inclusion Criteria Check

Number of Patients	Eligibility Criteria
	All inclusion criteria met (documented)
	Met none of the exclusion criteria (documented)
	Inclusion and Exclusion criteria checked (100%)

Number of patients Withdrawn: _____

