

**Attachment 7— Laboratory Results Form**

STUDY INFORMATION: RT-PCR				
Question	Pre-coded Responses	Codes	Skip to	Code Boxes
Study participant ID				□□□□
Name and code number of BMA/Lab Ass	Name _____			□□
Date of first analyses	Date _____	Day □□	Month □□	Year □□
Laboratory name:	Date _____	Day □□	Month □□	Year □□
Comments on specimens:	(e.g. not enough material, accidents in handling, other disturbances, record specimen and date)			
	(comment) (date)			
	(comment) (date)			
	(comment) (date)			
	(comment) (date)			

Public reporting burden of this collection of information 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 CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).



STUDY INFORMATION: Virus Isolation				
Question	Pre-coded Responses	Codes	Skip to	Code Boxes
Study participant ID				□□□□
Name and code number of BMA/Lab Ass	Name _____			□□
Date of analyses	Date _____	Day □□	Month □□	Year □□
Name of laboratory	Date _____	Day □□	Month □□	Year □□
Comments on specimens:	(comment) (date) (e.g. not enough material, accidents in handling, other disturbances, record specimen and date)			
	(comment) (date)			
	(comment) (date)			
	(comment) (date)			
	(comment) (date)			

