U.S World Health Organization (WHO) Collaborating Laboratories Influenza Testing Methods Assessment

Form Approved OMB No. 0920-0004

What best describes the origin of specimens received

Specify:____

Lab	Name:		
Lab	ID Number:		

		in the last year? Please rank order the following
1.	Does your lab test specimens that have already been	sources from 1 (source from which you obtain the
	tested for influenza (prescreened) prior to receipt by	most specimens) to 6 (source from which you receive
	your laboratory AND the results of that test influence	the least specimens).
	whether or not the sample is submitted?	ILINet surveillance sites
	□ No, the samples are not prescreened OR the	Local health departments
	results have no impact on the decision of which	Managed care
	samples are sent	Private physicians
	☐ Yes, we receive at least some prescreened	Hospitals
	samples throughout the year.	Other
	o Approximate % prescreened%	Specify:
	Yes, we receive prescreened samples, but only	~F,·
	during certain times of the year.	5. Does your lab test for respiratory viruses <i>other</i> than
	o Timeframe	influenza? If yes, please answer a and b below.
	o Approximate % prescreened%	□ No
	o rippromission to prosoroomed	□ Yes
2.	If you answered 'Yes' in previous question, what	_ 140
	specimens do you request from prescreening sites?	a) In what situations do you test respiratory
	☐ A pos. only	specimens for respiratory viruses other than
	☐ A and B pos. only	influenza? (check all that apply)
	☐ A, B pos. and small # of negative	☐ If initial screening results are negative
	Other	for influenza
	Specify:	☐ During the summer or fall when
	specify.	influenza circulation is not suspected
3.	What influenza testing methods does your lab	☐ If a particular viral pathogen is suspecte
	conduct? (check all that apply and give approximate	due to clinical symptoms
	percentage of specimens tested by each method. Total	☐ If a clinician requests the test
	% may be > 100%)	As part of a panel to screen for
		respiratory viruses
		□ Never
		Other
	RT-PCR%	Specify:
	Other%	h) Dana was lah was a sasili alam DCD
	Specify:	b) Does your lab use a multiplex PCR
		respiratory virus assay? If yes, please specify
		assay used.
		□ No

CDC 55.31A 9-95 This report is authorized by law (Public Health Service Act, 42 USC 241). Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and measuring the data needed, and completing and returning the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing the burden to PHS Reports Clearance Officer; ATTN: PRA, Hubert H. Humphrey Bldg., Rm 721-B; 200 Independence Ave., SW; Washington, DC 20201, and to the Office of Management and Budget; Paperwork Reduction Project (0920 0004); Washington, DC 20503.