4. What influenza testing methods does your lab

Yes, a subset of B viruses

□ No ■ Undecided

U.S. WHO Collaborating Laboratories

Specify: _____

	Influenza Testing Methods Assessment		conduct? (check all that apply and give approximate percentage of specimens tested by each method.	
آه آ	b Name:		Total % may be > 100%)	
Lab ID Number:			☐ Commercial rapid diagnostic %	
Lab ID Number:			□ Viral culture %	
1.	Does your lab test specimens that have already been		☐ Viral culture % ☐ Immunofluorescent antibody testing %	
1.	tested for influenza (prescreened) prior to receipt by		□ RT-PCR <u> </u>	
	your laboratory AND the results of that test influence		Other %	
	whether or not the sample is submitted?		Specify:	
	□ No, the samples are not prescreened OR the		1 7	
	results have no impact on the decision of which	5.	Does your lab test for respiratory viruses other than	
	samples are sent		influenza? If yes, please answer a and b below.	
	Yes, we receive at least some prescreened		□ No	
	samples throughout the year.		□ Yes	
	o Approximate % prescreened%		a) In what situations do you test respiratory	
	Yes, we receive prescreened samples, but only		specimens for respiratory viruses other than	
	during certain times of the year.		influenza? (check all that apply)	
			☐ If initial screening results are negative	
	Timeframe		for influenza	
	11 1		During the summer or fall when	
2.	If you answered 'Yes' in previous question, what		influenza circulation is not suspected	
	specimens do you request from prescreening sites?		If a particular viral pathogen is suspecte	d
	☐ A positive only		due to clinical symptoms	
	☐ A and B positive only		☐ If a clinician requests the test	
	☐ A, B positive and small # of negative		☐ As part of a panel to screen for	
	□ Other		respiratory viruses	
	Specify:		□ Never	
			☐ Other	
3.	What best describes the origin of specimens received		Specify:	
	in the last year? Please rank order the following		b) Does your lab use a multiplex PCR	
	sources from 1 (source from which you obtain the		respiratory virus assay? If yes, please specify	y
	most specimens) to 6 (source from which you receive		assay used.	
	the least specimens).		□ No	
	ILINet surveillance sites		☐ Yes	
	Local health departments		Specify:	
	Managed care	_	Decree and the decree from the first D. I'	
	Private physicians	6.	Does your lab plan to perform influenza B lineage	
	Hospitals		testing using the available CDC PCR assay?	
	Other		☐ Yes, all B viruses	

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.