National Adenovirus Type Reporting System (NATRS) Report Form

HAdV Positive Test Results									Adenovirus 1		Adenovirus 2								Epidemiological data					
Age (# Only)**	**Age Type** (Months or Years)**	**Sex** (M/F/U)	**State of Residence**	**Specimen Type** (see legend)	**Specimen Type-Specified**	**Specimen Collection Date** (mm/dd/yyyy)	**Primary Specimen or Culture Isolate**	**Number of AdV Detected**	**AdV Species (A-G)**	**AdV Type**	**AdV Species (A-G)**	**AdV Type**	**HAdV Species/Type Determined by** (see legend)	**Type Determined by Other** (please specify)	**Coinfection detected** (Y/N/U)	**Coinfection Detected** (please specify)	**Coinfection Detected** (please specify)	**Coinfection Detected** (please specify)	**Fatal** (Y/N/U)	**Hospitalized** (Y/N/U)	**Outbreak** (Y/N/U)	**Outbreak Type** (see legend)	**Specimen sent elsewhere for typing** (Y/N/U)	**Comments/Other**

pecimen number(s), i.e patient num. 1, specimen num. 1, 2, 3, etc.
ical data may be entered for the first line only

Code	Specimen Type
1	NP and/or OP swab
2	NP and/or OP wash
3	Sputum
4	Tracheal Aspirate
5	Bronchoalveolar Lavage
6	Pleural Fluid
7	Ocular Swab (e.g. conjunctival, eye)
10	Stool
11	Tissue(Specify)__________
12	Serum
13	Blood
14	Urine
8	Other(Specify)_________________
9	Unknown
Code	**Adenovirus Source**
1	Primary Specimen
2	Culture Isolate
3	Nucleic Acid
8	Other (specify) _______
9	Unknown
Code	**Human Adenovirus Species/Type Determined by**
1	Sequencing Hexon Gene
2	Sequencing Fiber Gene
3	Next Gen Sequencing
4	Sequencing Other
5	Real time PCR
6	Commercial Molecular Assay (ie. GenMark)
7	Serum Neutralization
8	Other(Specify)_________________
9	Unknown
10	Sequencing Hexon and Fiber Gene
Code	**Outbreak Type**
1	Hospital
2	School
3	Daycare
4	Long Term Care Facility
5	Military
6	Community
8	Other (specify) _______
9	Unknown

CODE	ABBR	STATENAME
1	AL	ALABAMA
2	AK	ALASKA
4	AZ	ARIZONA
5	AR	ARKANSAS
6	CA	CALIFORNIA
8	CO	COLORADO
9	CT	CONNECTICUT
10	DE	DELAWARE
11	DC	DISTRICT OF COLUMBIA
12	FL	FLORIDA
13	GA	GEORGIA
15	HI	HAWAII
16	ID	IDAHO
17	IL	ILLINOIS
18	IN	INDIANA
19	IA	IOWA
20	KS	KANSAS
21	KY	KENTUCKY
22	LA	LOUISIANA
23	ME	MAINE
24	MD	MARYLAND
25	MA	MASSACHUSETTS
26	MI	MICHIGAN
27	MN	MINNESOTA
28	MS	MISSISSIPPI
29	MO	MISSOURI
30	MT	MONTANA
31	NE	NEBRASKA
32	NV	NEVADA
33	NH	NEW HAMPSHIRE
34	NJ	NEW JERSEY
35	NM	NEW MEXICO
36	NY	NEW YORK
37	NC	NORTH CAROLINA
38	ND	NORTH DAKOTA
39	OH	OHIO
40	OK	OKLAHOMA
41	OR	OREGON
42	PA	PENNSYLVANIA
44	RI	RHODE ISLAND
45	SC	SOUTH CAROLINA
46	SD	SOUTH DAKOTA
47	TN	TENNESSEE
48	TX	TEXAS
49	UT	UTAH
50	VT	VERMONT
51	VA	VIRGINIA
53	WA	WASHINGTON
54	WV	WEST VIRGINIA
55	WI	WISCONSIN
56	WY	WYOMING
60	AS	AMERICAN SAMOA
64	FM	FEDERATED STATES OF MICRONESIA
66	GU	GUAM
69	MP	NORTHERN MARIANA ISLANDS

70	PW	PALAU
72	PR	PUERTO RICO
74	UM	U.S. MINOR OUTLYING ISLANDS
78	VI	VIRGIN ISLANDS
99	UNK	UNKNOWN

CODE	HAdV Species
1	A
2	B
3	C
4	D
5	E
6	F
7	B/E
8	G

CODE	HAdV Type
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
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20	20
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46	46
47	47
48	48
49	49
50	50
51	51
52	52
53	53
54	54
55	55
56	56
57	57
99	Undetermined

CODE	Yes/No/Unknown
1	Yes
2	No
3	Unknown

CODE	Age Type
1	Months
2	Years

CODE	Specimen
1	Primary
2	Culture Isolate

CODE	Sex
1	Male
2	Female
9	Undetermined

CODE	Adenovirus Source
1	Primary Specimen
2	Culture Isolate
3	Nucleic Acid
8	Other (specify) _____
9	Unknown

CODE	Specimen Type
1	NP and/or OP swab
2	NP and/or OP wash
3	Sputum
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11	Tissue(Specify)_____
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9	Unknown

CODE	Outbreak Type
1	Hospital
2	School
3	Daycare
4	Long Term Care Facility
5	Military
6	Community
8	Other (specify) _____
9	Unknown

CODE	Typing Method

1	Sequencing Hexon Gene
2	Sequencing Fiber Gene
3	Next Gen Sequencing
4	Sequencing Other
5	Real time PCR
6	Commercial Molecular Assay (ie. GenMark)
7	Serum Neutralization
8	Other(Specify)_____
9	Unknown
10	Sequencing Hexon and Fiber Gene

Variable	Description
Patient Num	Patient ID
Specimen Num	Specimen ID
Reporting Lab	Lab reporting to CDC
Age	Patient's age in months or years
Age Type	Months or Years
Sex	Male or Female or Undetermined
State of Residence	State of Residence for patient, if unknown defaults to state where tested unless tested at CDC then it defaults to state that submitted the specimen. This variable uses the state FIPS numeric code
Specimen Type	Select a specimen type according to list provided on report form sheet in column (see legend on REPORT FORM, columns AG2 to AI15)
Specimen Type-Specified	If selected "Other" for specimen type, please write in the specimen type performed here.
Specimen Collection Week Ending Date	The Saturday marking the end of a particular reporting week (Sunday-Saturday)
Primary Specimen or Culture Isolate	Indicate if typing was performed using an original specimen or a culture isolate
Number of AdV Detected	Number of adenoviruses detected in the selected specin
AdV Species	Adenovirus species (A-F) see HAdV Species and Types sheet
AdV Type	Adenovirus type see HAdV Species and Types sheet
HAdV Species/Type Determined by	Indicates typing Methods see Other sheet
Type Determined by Other	Specify if typed by a method that is not listed
Coinfection detected	Yes, No, or Unknown
Coinfection Detected (please specify)	can indicate which other pathogens were detected, specific bacteria, virus, or other
Fatal	Yes, No, or Unknown
Hospitalized	Yes, No, or Unknown
Outbreak	Yes, No, or Unknown
Outbreak Type	Indicates setting of outbreak
Specimen sent elsewhere for typing	Specify if specimen is sent to another lab for testing
Comments/Other	Other comments that the reporter may wish to add.

Format	Length	Example	
Numeric	10		1234567
Numeric	10	ABC12345	
Character	50	Laboratory name	
Numeric	2		14
Numeric	1		2
Numeric	1		1
Numeric	2		25
Numeric	2		1
Character	50		
Numeric/Date format	8		5/18/2024
Numeric	1		1
Numeric	2		1
Numeric	2		2
Numeric	2		3
Numeric	10		5
Character	50		
Numeric	2		1
	50	RSV	
Numeric	1		2
Numeric	1		2
Numeric	1		2
Numeric	2		
Character	50		
Character	250		