National Enterovirus Surveillance System

Report Form

Form Approved
OMB No. 0920-0004

Reporting Lab: _____ **Lab ID:** **Report Date (m/d/y):** _____

Positive Test Results

						Enterovirus 1				Enterovirus 2				Enterovirus 3			
Age	**Age Type**	**Sex**	**State/Territory of Residence**	**Illness Outcome**	**Number of Enteroviruses Detected**	**Enterovirus**	**Nucleic Acid Extract?**	**Source Specimen**	**Specimen Date** (m/d/y)	**Enterovirus**	**Nucleic Acid Extract?**	**Source Specimen**	**Specimen Date** (m/d/y)	**Enterovirus**	**Nucleic Acid Extract?**	**Source Specimen**	**Specimen Date** (m/d/y)

Date of Report _____ Reporting Official _____ Title _____

Public reporting burden of this collection of information is estimated to average 15 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 Reports Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0004).