National Adenovirus Type Reporting System (NATRS) Report Form

CDC ONLY			HAdV Positive Test Results												Adenovirus 1		Adenovirus 2								Epidemiological data					
NATRSid	CDCID	Date of Report to CDC	Patient Num.*	Specimen Num.*	Reporting Lab	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

Please enter unique patient level number and laboratory specimen number(s), i.e patient num. 1, specimen num. 1, 2, 3, etc.
* If entering >1 specimen per patient, epidemiologic and clinical data may be entered for the first line only
** If patient age is 0-2 years, please list age in months

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).

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