16287

CASE REPORT FORM

Active Surveillance for Respiratory Pathogens

Individual Case

Specimens and available clinical data should be obtained from each participant.

Clinic Address: _____

Point of Contact: _____

Patient Last Name: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

First Initial: [ ]

Social Security Number: [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

Age: [ ][ ][ ] ○ Years ○ Months

Barcode Label or Subject ID: [ ]

Date Collected (MM/DD/YYYY): [ ][ ] / [ ][ ] / 2 0 [ ][ ]

Gender: ○ Male ○ Female

Patient Status: ○ Inpatient ○ Outpatient

Highest oral temperature: [ ][ ][ ] . [ ] °F

No. of days since symptoms began: [ ][ ] days

Patient History:

Is the patient deceased? ○ Yes ○ No

Rapid test performed? ○ Yes ○ No

Result? ○ A ○ B ○ Negative

Recent travel? ○ Yes ○ No ○ Unknown

If yes, date: [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

place: _____

Is the patient at high risk for avian influenza? ○ Yes ○ No

If answered yes, please complete avian influenza risk assessment.

Has the patient received an influenza vaccine within the last 12 months?

○ Yes ○ No ○ Unknown

If yes, date: [ ][ ] / [ ][ ] / [ ][ ][ ][ ]
mm dd yyyy

type: ○ FluMist ○ Injection

SPECIMEN EVALUATION (FOR NHRC USE ONLY)

Fresh? ○ Yes ○ No ○ N/A

Frozen? ○ Yes ○ No ○ N/A

Label information matches CRF? ○ Yes ○ No

Leaks? ○ Yes ○ No

Other? ○ Broken
○ Missing
○ No swab

Specimen Acceptability:
○ Acceptable for culture
○ Acceptable with disclaimer
○ Rejected, specify reason