

Form Approved  
OMB Number 0925-XXXX  
Exp. Date: XX/XX/XXX

Public reporting burden for this form is estimated to average 10 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-XXXX). Do not return the completed form to this address.

**CEIRS Human Influenza Surveillance Study  
Form 15A: QC Checklist**

The following table will be distributed in a Microsoft Excel format for use at individual medical centers; It is housed in a secure folder.

| <b>Study ID</b> | <b>Form 2A: Eligibility</b> | <b>RedCap</b> | <b>QC</b> | <b>Form 4A: Demographics</b> | <b>RedCap</b> | <b>QC</b> | <b>Form 5A: Current Symptoms</b> | <b>RedCap</b> | <b>QC</b> | <b>Form 6A: Medical History</b> | <b>RedCap</b> | <b>QC</b> |
|-----------------|-----------------------------|---------------|-----------|------------------------------|---------------|-----------|----------------------------------|---------------|-----------|---------------------------------|---------------|-----------|
| JHH001          | RM                          | RM            | AD        | RM                           | RM            | AD        | RM                               | RM            | AD        | RM                              | RM            | AD        |
|                 |                             |               |           |                              |               |           |                                  |               |           |                                 |               |           |

| <b>Form 7A: Sample Collection</b> | <b>RedCap</b> | <b>QC</b> | <b>Form 8A: Follow Up</b> | <b>RedCap</b> | <b>QC</b> | <b>Form 9A: Chart Review ED</b> | <b>RedCap</b> | <b>QC</b> | <b>Form 10A: Chart Review hospitalization</b> | <b>RedCap</b> | <b>QC</b> |
|-----------------------------------|---------------|-----------|---------------------------|---------------|-----------|---------------------------------|---------------|-----------|---|---------------|-----------|
| RM                                | RM            | AD        | RM                        | RM            | AD        | RM                              | RM            | AD        | RM  | RM            | AD        |
|                                   |               |           |                           |               |           |                                 |               |           |   |               |           |