

VIRUS SHEDDING STUDY

ELIGIBILITY CRITERIA

DATE: ____ / ____ / 2009

Participant Code =

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	Yes / Positive	No / Negative
Consent		
Symptoms;		
Fever		
Cough		
Sore throat		
Headache		
Fatigue		
Runny nose		
<ul style="list-style-type: none"> • Fever + 1 other <li style="padding-left: 20px;">or • 2 of the above 		
Symptoms for <48 hrs (Community)		
Symptoms for < 96 hrs (Hospital)		
Near Patient Test for influenza done?		
<ul style="list-style-type: none"> • If Yes, positive or negative? 		
Specific test for swine flu		
<ul style="list-style-type: none"> • If Yes, positive or negative? 		
Any other household member with symptoms?		
Taken part in other influenza research testing medicinal products in last 3 months?		

If only Green Boxes ticked = Eligible

Any Red boxes ticked = Not Eligible