

## US Outpatient Influenza-Like Illness Surveillance Network (ILINet) Application Form

E-mail to: [flutexas@dshs.state.tx.us](mailto:flutexas@dshs.state.tx.us) or fax to: 512-776-7616

### Provider Information

|  |         |                     |         |
|--|---------|---------------------|---------|
| Provider Last Name                                   |         | Degree (MD, PA, DO) |         |
| Provider First Name                                  |         |                     |         |
| Practice Name (Name of facility)                     |         |                     |         |
| Type of Practice (Pediatrics, Family Practice, etc.) |         |                     |         |
| Street Address                                       |         |                     |         |
| City   | Texas   | Zip Code            |         |
| Telephone Number                                     | (     ) | Fax Number          | (     ) |
| Contact Person                                       |         |                     |         |
| Contact Person Telephone Number                      |         | Extension           |         |
| E-Mail Address                                       |         |                     |         |

### Agreement

I understand that the outpatient data I voluntarily report to the Centers for Disease Control and Prevention (CDC) and the Texas Department of State Health Services (DSHS) are used to develop a national picture of influenza virus activity, determine the geographic distribution of influenza viruses, and describe the clinical impact of the circulating viruses. I understand that **surveillance providers receive feedback on the data submitted, summaries of regional and national influenza data, and free subscriptions to CDC's Morbidity and Mortality Weekly Report and Emerging Infectious Diseases Journal.** In addition, as a surveillance provider I can submit specimens to the DSHS laboratory in Austin from a subset of patients for influenza PCR testing **free of charge.**

**A certificate is sent annually to regular participants submitting ILI data for at least 50% of the weeks during the influenza season (October through May).**

|                               |  |
|-------------------------------|--|
| Name to appear on certificate |  |
| Date                          |  |

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Thank you for completing this application form and for your support of public health.