

## 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, etc.)	
Provider First Name			
Practice Name (Name of facility)			
Type of Practice (Pediatrics, Family Practice, etc.)			
Street Address:			
City	Austin	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	

**Whitney Tillman, MPH**  
**Vaccine Preventable Disease Group Manager**  
**Emerging and Acute Infectious Disease Unit**  
**Fax: (512) 776-7616**  
**E-mail: [flutexas@dshs.state.tx.us](mailto:flutexas@dshs.state.tx.us)**



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