



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

E-mail to: flutexas@dshs.texas.gov 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.