



ADPH Influenza Surveillance Reporting Network (SRN) Application

- I agree to participate in the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet).
Providers are asked to report the number of patients with ILI by age group and the total number of patients seen for the week.
- I agree to participate in the Specimen Submitting Network (SpeciNet).
Providers are asked to submit a sampling of specimens from ILI patients to the Alabama Bureau of Clinical Laboratories (BCL) for influenza detection and subtype information
- I agree to participate in **both** the ILINet and SpeciNet.

Signature (required) _____

Thank you!! Please complete the information below and fax to (334) 206-3734.

Practice Name: _____

Practice Type: Emergency Medicine Internal Medicine Student Health
 Family Practice OB/GYN Urgent Care
 Infectious Disease Pediatrician Other

Primary Contact Name: _____

Primary Contact Phone: _____

Practice **Mailing** Address: _____

City _____ Zip _____

Practice **Physical** Address: _____

City _____ Zip _____

County where practice is located: _____

Practice Phone #: () _____

Practice Fax #: () _____

E-mail address: (to receive program updates) _____