EPIDEMIOLOGIC INVESTIGATION REPORT

1. TASK NUMBER		2. INVESTIGATOR'S ID	
3. OFFICE CODE	4. DATE OF ACCIDENT YR MO DAY	5. DATE INITIATED YR MO DAY	
6. SYNOPSIS OF ACCIDENT OR COMPLAINT		UPC	
7. LOCATION (Home, School, etc)	8. CITY	9. STATE	
10A. FIRST PRODUCT	10B. TRADE/BRAND NAME	10C. MODEL NUMBER	
10D. MANUFACTURER NAME AND ADDRESS			
11A. SECOND PRODUCT	11B. TRADE/BRAND NAME	11C. MODEL NUMBER	
11D. MANUFACTURER NAME AND ADDRESS			
12 AGE OF VICTIM	13. SEX	14.DISPOSITION	15. INJURY DIAGNOSIS
16. BODY PART (S) INVOLVED	17. RESPONDENT	18. TYPE OF INVESTIGATION	19. TIME SPENT (OPERATIONAL HOURS)
20. ATTACHMENTS (S)	21. CASE SOURCE	22. SAMPLE COLLECTION NUMBER	
23. PERMISSION TO DISCLOSE NAMES (NON NEISS CASES ONLY)			
24. REVIEW DATE	25. REVIEWED BY	26. REGIONAL OFFICE DIRECTOR	
27. DISTRIBUTION O:EHDS CC:			

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