**BioNumerics-CaliciNet Software and Norovirus Diagnostic Laboratory Training Workshop for CaliciNet**

**Atlanta, GA**

**May 4 – 8, 2015**

**Registration Form: Pre-registration Required** (Registration Fee: **$0.00**)

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| **Name/Degree(s):**   |
| **Position:**       |
| **Institution:**       |
| **Department:**       |
| **Street Address:**       |
| **City:**       | **State:**       | **Zip:**       |
| **Phone:**       | **Fax:**       | **E-mail:**       |

**To be completed by registrant only. Please check the appropriate box or fill in the blank, where requested.**

1. Which of the following best describes your current position? (Supervisors not working at the bench will not be accepted)

[ ]  Senior Bench Tech [ ]  Bench Tech [ ]  Other:

1. Is the laboratory part of PulseNet? [ ]  Yes [ ]  No
2. What version of BioNumerics is the laboratory using?
3. How many years of experience do you have in:
	1. Norovirus laboratory diagnostics:
	2. Real-time (RT)-PCR:
	3. Conventional (RT)-PCR:
	4. DNA sequencing:
	5. DNA sequence analysis:
	6. BioNumerics:
* What type of BioNumerics data?
1. Does the laboratory perform real-time (RT)-PCR? [ ]  Yes [ ]  No
2. Does the laboratory perform conventional (RT)-PCR? [ ]  Yes [ ]  No
3. Does the laboratory have experience running agarose gels and cutting bands? [ ]  Yes [ ]  No
4. Does the laboratory perform DNA sequencing or have a contract with a sequencing company? [ ]  Yes [ ]  No
5. What DNA sequencer (make/model) is the laboratory using?
6. How many laboratory personnel are routinely involved in testing samples for norovirus?
7. How many laboratory personnel are currently certified for CaliciNet?
8. How many outbreaks were tested for norovirus during the last season ( Sept 2013 - Aug 2014?

**Please email this registration form by** **February 7, 2015, preferably as an attachment, to our CaliciNet mailbox (****calicinet1@cdc.gov****). Please detail the file name as State\_2015Workshop Registration.**