



BRONCHOSCOPY SPECIMEN COLLECTION WORKSHEET

ID NUMBER:

FORM CODE: **BCW**
VERSION: 1.0 2/22/12

Visit Number

SEQ #

0a. Form Completion Date..... //

0b. Initials.....

Instructions: This form should be completed during the participant's visit. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes.

[Check here if subject is Male

VITAL SIGNS TAKEN PRIOR TO BRONCHOSOCPY

1. O₂ Saturation on room air:.....

HISTORY AND PHYSICAL

2a. Does your center require lab work prior to bronchoscopy? (Y/N)

2b. If yes, please describe: _____

2c. Were the results of the lab work abnormal? (Y/N)

2d. Do the results of blood work described in 2b and 2c make the participant ineligible to proceed with a bronchoscopy? (Y/N).....

3a. Did the doctor perform a limited physical exam? (Y/N)

3b. In the opinion of the investigator, are there any other physical symptoms or conditions that make this participant ineligible for participation in the bronchoscopy substudy? (Y/N)

3c. Please describe: _____

Female Participants Only

4a. Is the participant of child-bearing potential? (Y/N)

4b. If yes, what was the result of the pregnancy test

Negative 0
Positive 1

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PRE-BRONCHOSCOPY PULMONARY FUNCTION

- 5. Pre-bronchodilator FEV₁ (reported/best): L-BTPS
- 6. Post-bronchodilator (4 puffs albuterol) FEV₁ (reported/best): L-BTPS

BLOOD COLLECTION:

- 7. Date of blood collection:..... / /
m m / d d / y y y y
- 8. Collection time: : AM / PM
h h : m m **(Circle One)**
- 9. Number of venipuncture attempts:
- 10. Any blood drawing incidents or problems? (Y/N).....
- 11. Blood drawing incidents: Document problems with venipuncture below. Place an "X" in box(es) corresponding to the tubes in which the blood drawing problem(s) occurred. If a problem other than those listed occurred, use Item 8.
 - a. Sample not drawn (Y/N)
 - b. Partial sample drawn (Y/N)
 - c. Tourniquet reapplied (Y/N)
 - d. Fist clenching (Y/N).....
 - e. Needle movement(Y/N)
 - f. Participant reclining(Y/N)
 - g. Sample re-drawn(Y/N)

12. If any other blood drawing problems not listed above (e.g., fasting status, etc.), describe incident or problem here:

13. Phlebotomist's code number:

ORAL RINSE

- 14. Was the tongue scraping collected? (Y/N)
- 15. Collection time: : AM / PM
h h : m m **(Circle One)**

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16. Was the oral rinse collected? (Y/N)

17. Collection time: : AM / PM
h h : m m (Circle One)

18a. Was the time between oral rinse and bronchoscopy more than 60 minutes? (Y/N) ...

18b. If yes, was an additional tongue scraping collected? (Y/N)

PROCEDURES:

BRONCHOSCOPY

19. Protected Brush Specimen (X3 in lower lobe):

- a. Lobe _____
- b. Number collected

20. Airway wash (Combined data for first and second wash)

- a. Lobe: _____
- b. Infused: mL
- c. Return: . mL

21. Bronchial alveolar lavage (Combined data on both BALs)

- a. Lobe: _____
- b. Infused: mL
- c. Return: . mL
- d. Collection time: : AM / PM
h h : m m (Circle One)

22. Cytological brushings (X3 in ipsilateral lower lobe)

- a. Lobe: _____
- b. Number of brushes collected:

Endobronchial biopsy collected (X8 in contralateral lung, using all lobes if possible)

23. Side
Left 0
Right 1

24. Biopsies:

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- a. Biopsy 1: Snap Freeze (Y/N)
- b. Biopsy 2: Formalin (Y/N)
- c. Biopsy 3: Formalin (Y/N)
- d. Biopsy 4: Formalin (Y/N)
- e. Biopsy 5: Formalin (Y/N)
- f. Biopsy 6: Snap Freeze (Y/N)
- g. Biopsy 7: Formalin (Y/N)
- h. Biopsy 8: Formalin (Y/N)

25a. Lidocaine: 1% mg

b. 2% mg

c. 4% mg

26. Comments: _____

POST-BRONCHOSCOPY PULMONARY FUNCTION

27. Pre-bronchodilator FEV₁ (reported/best): L-BTPS

28. Did you administer additional albuterol? (Y/N)

29. How many micrograms? ug

30. Post-bronchodilator (4 puffs albuterol) FEV₁ (reported/best) : L-BTPS

31. Did you administer additional albuterol? (Y/N)

32. How many micrograms? ug

33. Additional FEV₁ values after additional albuterol (reported/best) : L-BTPS

POST-BRONCHOSCOPY STATUS

34. Did the participant experience any adverse events during the bronchoscopy? (Y/N)

35. Did the participant need to be admitted for overnight observation post bronchoscopy? (Y/N)

36. CONDITION ON DISCHARGE:

a. No chest discomfort complaints (Y/N)

b. Alert / responsive (Y/N)

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- c. Oriented to time, person, place (Y/N).....
- d. Heart rate < 100/min (Y/N).....
- e. Ambulate w/o difficulty (Y/N)
- f. Sips water w/o cough/difficulty (Y/N).....
- g. FEV1 > 90% of the pre-BD baseline FEV1 (Y/N)..

37. Comments: _____

38. Coordinator Signature and Date: _____