



BRONCHOSCOPY SPECIMEN COLLECTION WORKSHEET

ID NUMBER:								
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FORM CODE: BCW
VERSION: 4.0 02/04/2020

Event: _____

0a) Date of Collection / /

0b) Staff Code

Instructions: This form should be completed during the participant's Bronchoscopy substudy visit 2.

OXYGEN SATURATION (OF ROOM AIR) (PRE-BRONCHOSCOPY)

1) O₂ saturation of room air

%

MEDICAL HISTORY AND PHYSICAL

2) Does your center require lab work prior to bronchoscopy?

No₀ → **Go to 3**

Yes₁

2a) If Yes, please describe: _____

2b) Were the results of the lab work abnormal?

No₀

Yes₁

2c) Do the results of the lab blood work described in 2a and 2b make the participant ineligible to proceed with a bronchoscopy?

No₀

Yes₁ → **Go to End**

3) Did the doctor perform a limited physical exam?

No₀ → **Go to 4**

Yes₁

3a) In the opinion of the doctor, are there any other physical symptoms or conditions that make this participant ineligible for participation in the bronchoscopy substudy?

No₀ → **Go to 3b**

Yes₁ → **Go to End after completing 3a1**

3a1) If Yes, please describe: _____

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3b) Does the participant report any new physical symptoms or conditions that would make the participant ineligible for participation in the bronchoscopy substudy?

No₀ → **Go to 4**

Yes₁ → **Go to End after completing 3b1**

3b1) If Yes, please describe : _____

4) Is the participant female?

No₀ → **Go to 5**

Yes₁

4a) Is the participant of child-bearing potential?

No₀ → **Go to 5**

Yes₁

4b) If Yes, what was the result of the pregnancy test?

Negative₀

Positive₁

PRE-BRONCHOSCOPY STATUS

5) Has the participant taken any medications within the past 7 days?

No₀ → **Go to 6**

Yes₁

5a) Inhaled steroids?

No₀

Yes₁

5b) Nasal steroids?

No₀

Yes₁

5c) Oral steroids?

No₀

Yes₁

5d) Antibiotics?

No₀

Yes₁

5e) Mucolytics?

No₀

Yes₁

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6) Did the participant have an acute exacerbation of COPD (requiring antibiotics and/or steroids) in the past 3 months?

- No₀ → **Go to 7**
 Yes₁

6a) Record the date of onset of the acute exacerbation

/ /

7) Was spirometry done today?

- No₀
 Yes₁ → **Go to 8**

7a) If No, record most recent date completed

/ /

8) Pre-bronchodilator FEV₁ (reported/best; today or most recent)

. L-

BTPS

9) Did you administer additional albuterol?

- No₀ → **Go to 10**
 Yes₁

9a) If Yes, how many micrograms?

μg

10) Post-bronchodilator FEV₁ (reported/best; today or most recent)

. L-BTPS

BLOOD COLLECTION

11) Date of blood collection

/ /

12) Blood collection time

: AM₁ / PM₂

13) Number of venipuncture attempts

sticks

14) Any blood drawing incidents or problems?

- No₀ → **Go to 16**
 Yes₁

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Instructions: Document problems with blood drawing below. If a problem other than those listed occurred, use Item 15.

14a) Sample not drawn

No₀ → **Go to 14b**

Yes₁

14a1) If Yes, please specify which tube(s)? _____

14b) Partial sample drawn

No₀ → **Go to 14c**

Yes₁

14b1) If Yes, please specify which tube(s)? _____

14c) Tourniquet reapplied

No₀ → **Go to 14d**

Yes₁

14c1) If Yes, please specify which tube(s)? _____

14d) Fist clenching

No₀ → **Go to 14e**

Yes₁

14d1) If Yes, please specify which tube(s)? _____

14e) Needle movement

No₀ → **Go to 14f**

Yes₁

14e1) If Yes, please specify which tube(s)? _____

14f) Participant reclining

No₀ → **Go to 14g**

Yes₁

14f1) If Yes, please specify which tube(s)? _____

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14g) Sample re-drawn

No₀ → **Go to 15**

Yes₁

14g1) If Yes, please specify which tube(s)? _____

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

16) Phlebotomist's staff code

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NASAL EPITHELIAL SWABS

17) Were nasal swabs done?

No₀ → **Go to 19**

Yes₁

18) Nasal specimen source:

18a) Number of swabs completed in Right Nare

--	--

18b) Number of swabs completed in Left Nare

--	--

18c) Nasal swab collection time

		:			AM ₁ / PM ₂
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ORAL RINSE

19) Was the tongue scraping collected?

No₀ → **Go to 20**

Yes₁

19a) Tongue scrap collection time

		:			AM ₁ / PM ₂
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Event: _____

20) Was the oral rinse collected?

No₀ → **Go to 21**

Yes₁

20a) Oral rinse collection time

: AM₁ / PM₂

20b) Was the time between oral rinse and bronchoscopy more than 60 minutes?

No₀ → **Go to 21**

Yes₁

20b1) If Yes, was an additional tongue scraping collected?

No₀

Yes₁

BRONCHOSCOPY PROCEDURES

21) Was the **Saline Alone** sample collected?

No₀

Yes₁

22) Was the **Saline through the Scope** sample collected?

No₀

Yes₁

23) Were the **Protected Brush** specimens collected? (x3 in lower lobe)

No₀ → **Go to 24**

Yes₁

23a) Lobe _____

23b) Segment _____

23c) Number collected

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Event: _____

23d) Collection time:

: AM₁ / PM₂

24) Were the **Airway Wash** specimens collected? (data from first and second wash combined)

No₀ → **Go to 25**

Yes₁

24a) Lobe: _____

24b) Segment _____

24c) Infused:

mL

24d) Return:

. mL

24e) Collection time:

: AM₁ / PM₂

25) Were the **Bronchial Alveolar Lavage (BAL)** specimens collected? (data from both BALs combined)

No₀ → **Go to 26**

Yes₁

25a) Lobe (s): _____

25b) Segment (s): _____

25c) Infused:

mL

25d) Return:

. mL

25e) Collection time:

: AM₁ / PM₂

Note: If less than 15cc of fluid is returned from the combined volume of the 20cc wash and the 2x40cc lavage, then the 1x50cc lavage should not be performed.

25f) Was BAL stopped because of poor fluid return?

No₀

Yes₁

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26) Were the **Cytological Brushings** collected for **RNA**? (x3 for RNA in ipsilateral lower lobe)

No₀ → **Go to 27**

Yes₁

26a) Lobe: _____

26b) Segment: _____

26c) Number of brushes collected:

26d) Collection time:

 : AM₁ / PM₂

27) Were the **Cytological Brushings** collected for **DNA**? (x2 for DNA in ipsilateral lower lobe)

No₀ → **Go to 28**

Yes₁

27a) Lobe: _____

27b) Segment: _____

27c) Number of brushes collected:

27d) Collection time:

 : AM₁ / PM₂

28) Were the **Microcytology Brushes** for mucin collected? (x2 in ipsilateral upper lobe bronchi)

No₀ → **Go to 29**

Yes₁

28a) Lobe: _____

28b) Segment: _____

28c) Number of brushes collected:

28d) Collection time:

 : AM₁ / PM₂

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29) Were the **Small Airway Epithelial Brushings** collected? (optional)

No₀ → **Go to 30**

Yes₁

29a) Lobe (s): _____

29b) Segment (s): _____

29c) Number of brushes collected:

29d) Collection time:

: AM₁ / PM₂

30) Total amount of Lidocaine 1% used

mg

31) Total amount of Lidocaine 2% used

mg

32) Total amount of Lidocaine 4% used

mg

33) Were there any deviations from the planned bronchoscopy collection protocol?

No₀ → **Go to 34**

Yes₁

33a) If Yes, please elaborate with detailed comments:

34) Was post-bronchoscopy pulmonary function testing done?

No₀ → **Go to 40**

Yes₁

35) Pre-bronchodilator FEV₁ (reported/best):

. L-BTPS

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36) Did you administer additional albuterol?

No₀ → **Go to 37**

Yes₁

36a) How many micrograms of albuterol were administered? μg

37) Post-bronchodilator FEV₁ (reported/best): . L-BTPS

38) Did you administer additional albuterol?

No₀ → **Go to 40**

Yes₁

38a) How many micrograms of albuterol were administered? μg

39) Post-additional bronchodilator FEV₁ (reported/best): . L-BTPS

POST-BRONCHOSCOPY PROCEDURES STATUS

40) Did the participant experience any adverse events during the bronchoscopy?

No₀ → **Go to 41**

Yes₁

40a) Please list relevant adverse events _____

41) Did the participant need to be admitted for overnight observation post bronchoscopy?

No₀ → **Go to 44**

Yes₁

42) Upon discharge was the participant or did the participant have any of the following? (check all that apply)

42b 42a) alert / responsive

42c 42b) oriented to time, person, place

42d 42c) heart rate < 100/min

42e 42d) ambulate without difficulty

42f 42e) sips water without difficulty or cough

42g 42f) if done, FEV₁ > 90% of the pre-BD baseline FEV₁

42g) no complaints of chest discomfort

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43) Please enter any comments you have regarding participant upon discharge:

POST-DISCHARGE FOLLOW-UP

44) Was the participant contacted the night of the bronchoscopy procedure?

No₀ → **Go to 45**

Yes₁

44a1) Staff code of person who contacted the participant:

--	--	--

44a2) Date of contact?

		/			/				
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44b) Were there any problems?

No₀ → **Go to 45**

Yes₁

44b1) If Yes, please describe: _____

45) Was the participant contacted 24 hours after the bronchoscopy procedure?

No₀ → **Go to END**

Yes₁

45a1) Staff code of person who contacted the participant?

--	--	--

45a2) Date of contact?

		/			/				
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45b) Were there any problems?

No₀ → **Go to END**

Yes₁

45b1) If Yes, please describe: _____

END OF FORM