



BRONCHOSCOPY SUBSTUDY LAB ID FORM

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: BID
VERSION: 2.0 07/18/2019

Event: _____

0a) Collection Date / /

0b) Staff Code

Instructions: Please use this form to link the Bronchoscopy substudy Lab ID (BRN ID) with the participant's subject ID. This form should be completed during the Bronchoscopy substudy visit 1 (sputum induction) and substudy visit 2 (bronchoscopy).

1) Bronchoscopy Substudy Visit Date: / /

2) Which Bronchoscopy Substudy Visit?

Visit 1 – Sputum Induction¹

Visit 2 – Bronchoscopy²

3) Bronchoscopy Substudy Visit Lab ID (BRN ID): **BRN**

END OF FORM