



# EXACERBATION SUBSTUDY MUCIN PEX ID FORM

SITE ID:										
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FORM CODE: EMU  
VERSION: 1.0 08/29/2019

Event: \_\_\_\_\_

**Instructions:** Use this form to inform which mucin sample by PEX ID is collected and stored. This should be entered during the participant's Exacerbation Substudy clinic visit. This form will populate the Mucin Sample Shipping Manifest Report that is printed prior to shipment once a box is full.

## PEX ID

- 1) PEX
- 2) PEX
- 3) PEX
- 4) PEX
- 5) PEX
- 6) PEX
- 7) PEX
- 8) PEX
- 9) PEX
- 10) PEX
- 11) PEX
- 12) PEX
- 13) PEX
- 14) PEX
- 15) PEX
- 16) PEX
- 17) PEX
- 18) PEX
- 19) PEX
- 20) PEX
- 21) PEX
- 22) PEX
- 23) PEX
- 24) PEX

25) Shipping Date //

26) Staff Code