EXACERBATION SUBSTUDY
PAXGENE PEX ID FORM

SITE ID: ☐☐☐☐☐☐☐

FORM CODE: **EPX**
VERSION: 1.0 08/29/2019

Event: _____

Instructions: Use this form to inform which PAXgene samples by PEX ID are collected and stored. This should be entered during the participant's Exacerbation Substudy clinic visit. This form will populate the PAXgene 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 ☐☐☐☐☐☐
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18) PEX ☐☐☐☐☐☐
19) PEX ☐☐☐☐☐☐
20) PEX ☐☐☐☐☐☐
21) PEX ☐☐☐☐☐☐
22) PEX ☐☐☐☐☐☐
23) PEX ☐☐☐☐☐☐
24) PEX ☐☐☐☐☐☐

25) Shipping Date ☐☐ / ☐☐ / ☐☐☐☐   26) Staff Code ☐☐☐