



# LAB ID FORM

ID NUMBER:

FORM CODE: LAB  
VERSION: 1.0 10/26/10

Visit  
Number

SEQ #

0a) Form Date ..... /

0b) Initials.....

**Instructions:** Use this form to link the Lab ID with the participant ID. This should be completed during the participant's visit.

- 1) Study Visit.....
- Baseline ..... 1
  - Year 1 ..... 2
  - Year 2 ..... 3
  - Year 3 ..... 4
  - Exacerbation Visit ..... 5

2) Lab ID ..... LAB