

BRONCHOSCOPY SUB-STUDY INCLUSION/EXCLUSION CRITERIA 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"/>	<input type="text"/>
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FORM CODE: BIE
VERSION: 1.0 10/25/2022

Event: _____

0a) Date of Collection: / /

0b) Staff Code:

Instructions: This form should be completed immediately after the participant signs the SOURCE Bronchoscopy Sub-study informed consent. This form, along with spirometry, determines eligibility for the SOURCE Bronchoscopy Sub-study.

1) (Do not ask participant) Participant's age at the time of visit: years old

NOTE: This value will be automatically calculated in the DMS.

2) Do you use supplemental oxygen while at rest (sitting or lying down)?

- No₀ → **Go to 3**
 Yes₁

2a) (Do not ask participant) Is the participant's PaO₂ < 60 mmHg or SaO₂ < 88% while breathing ambient air?

- No₀
 Yes₁

2b) (Do not ask participant) Does the use of supplemental oxygen described in 2a make the participant ineligible?

- No₀
 Yes₁

3) Are you currently taking any medication that thins your blood, such as anti-platelet medications including Plavix (clopidogrel) or anticoagulants including Warfarin, Eliquis (apixaban), Xarelto (rivaroxaban), Pradaxa (dabigatran), Savaysa (edoxaban), or other similar medications?

- No₀ → **Go to 4**
 Yes₁

3a) If Yes, please list: _____

3b) (Do not ask participant) Does the anticoagulant listed in 3a make the participant ineligible?

- No₀
 Yes₁

ID NUMBER:																			
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4) Have you ever been diagnosed with cardiac disease?

No₀ → **Go to 5**

Yes₁

4a) If Yes, please describe: _____

4b) (*Do not ask participant*) Does the cardiac disease listed in 4a make the participant ineligible?

No₀

Yes₁

5) Do you have any other significant illness?

No₀ → **Go to 6**

Yes₁

5a) If Yes, please describe: _____

5b) (*Do not ask participant*) Does the illness listed in 5a make the participant ineligible?

No₀

Yes₁

6) In the opinion of the investigator, are there any other physical symptoms or conditions that make this participant ineligible for participation in the SOURCE Bronchoscopy Sub-study?

No₀ → **Go to 7**

Yes₁

6a) If Yes, please describe: _____

7) Did the study physician order any additional lab tests prior to bronchoscopy?

No₀ → **Go to 8**

Yes₁

7a) If Yes, please describe: _____

7b) Were the results of the lab work abnormal?

No₀

Yes₁

7c) Do the results of blood work described in 7a and 7b make the participant ineligible?

No₀

Yes₁

ID NUMBER:																			
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8) Is the participant eligible for the SOURCE Bronchoscopy Sub-study?

No₀

Yes₁

9) Did a PI review and sign off on the participant's eligibility status?

No₀ → **Go to 10**

Yes₁

9a) PI signature: _____

9b) Date of PI signature: / /

10) Comments: _____

END OF FORM