

BRONCHOSCOPY SUB-STUDY WITHDRAWAL FORM

ID NUMBER:

FORM CODE: BSW
VERSION: 1.0 02/15/2022

Event: _____

0a) Date of Collection: / /

0b) Staff Code:

Instructions: This form should be completed when the participant withdraws from the SOURCE Bronchoscopy Sub-study.

1) Did the participant complete the sputum induction visit (Visit 1)?

No₀

Yes₁

2) Did the participant complete the bronchoscopy visit (Visit 2)?

No₀

Yes₁

3) What was the date of Bronchoscopy Sub-study withdrawal? / /

4) What was the reason the participant withdrew from the Bronchoscopy Sub-study?

Participant no longer wishes to participate; withdrawal of consent₁

Participant is too sick to participate₂

Participant lost to follow-up₃

Participant died₄

Participant failed to complete the pre-bronchoscopy safety visit₅

Other₆

4a) If other, please specify: _____

5) Describe the reason for sub-study withdrawal in detail:

ID NUMBER:									
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6) What are the participant's wishes regarding Bronchoscopy Sub-study data and biospecimens post withdrawal?

- No change, keep collected data and biospecimens in repositories¹
- Keep collected data, but remove all biospecimens from repositories²
- No change, participant lost to follow-up³
- Change, remove all data collected and remove all biospecimens from repositories⁴

NOTE: If the participant wishes to also withdraw from the main SOURCE study, please complete the RSW form.

END OF FORM