

EXHALED BREATH CONDENSATE COLLECTION FORM

ID NUMBER:

FORM CODE: EBC
VERSION: 1.0 02/24/2021 Event: _____

0a) Date of Collection: / /

0b) Staff Code:

Instructions: This form should be completed during the participant's clinic visit.

1) Was the exhaled breath condensate sample collected?

No₀ → **Go to End**

Yes₁

2) What time did EBC collection start?

: AM₁ / PM₂

3) What time did EBC collection stop?

: AM₁ / PM₂

4) Was the EBC collection terminated early?

No₀ → **Go to 5**

Yes₁

4a) If Yes, please specify why: _____

5) How many aliquots were created from the processed EBC collected?

NOTE: If the EBC collection process was terminated early and no sample was collected, enter zero for number of aliquots collected.

6) What is the volume of each EBC aliquot collected?

6a) aliquot 1: μL

6b) aliquot 2: μL

6c) aliquot 3: μL

6d) aliquot 4: μL

7) What time were the EBC sample aliquots stored in the -80°C freezer?

: AM₁ / PM₂

ID NUMBER:									
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8) Were there any incidents or problems during the exhaled breath condensate collection?

No₀ → **Go to End**

Yes₁

8a) If Yes, please describe: _____

END OF FORM