



# BRONCHOSCOPY SPUTUM SAMPLE LAB ID FORM

ID NUMBER:

FORM CODE: BSD  
VERSION: 1.0 08/26/13

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) Bronchoscopy Substudy Sputum Induction Date..... //

2) Sputum Immunophenotyping Lab ID:.....**IMM**

3) Comments: \_\_\_\_\_