



BRONCHOSCOPY LAB ID FORM

ID NUMBER:

FORM CODE: BID
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 Date..... /

2) Blood Immunophenotyping Bronchoscopy Lab ID:**IMM**

3) BAL Immunophenotyping Bronchoscopy Lab ID:**IMM**

NOTE: Items 2 and 3 should be the same ID. If these are not the same ID, please explain in the comments below.

4) All Other Bronchoscopy Specimens Lab ID:**BRN**

5) Comments: _____