EXHALED BREATH CONDENSATE COLLECTION FORM

ID NUMBER: ☐☐☐☐☐☐☐

FORM CODE: **EBC**
VERSION: 1.0 06/11/2019   Event:_____

0a) Date of Collection ☐☐ / ☐☐ / ☐☐☐☐   0b) Staff Code ☐☐☐

> **_Instructions:_** _This form should be completed during the participant's clinic visit 5 and/or during the bronchoscopy substudy visit._

1) Was the exhaled breath condensate sample collected?

☐ No$_0$ → **Go to END**

☐ Yes$_1$

2) What time did EBC collection start? ☐☐:☐☐ AM / PM

3) What time did EBC collection stop? ☐☐:☐☐ AM / PM

4) Was the EBC collection terminated early?

☐ No$_0$ → **Go to 5**

☐ Yes$_1$

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 ☐☐☐ ul

6b) aliquot 2 ☐☐☐ ul

6c) aliquot 3 ☐☐☐ ul

6d) aliquot 4 ☐☐☐ ul

7) What time were the EBC sample aliquots stored in the -80^{0}C freezer? ☐☐:☐☐ AM / PM

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

☐ No$_0$ → **Go to END**

☐ Yes$_1$

8a) If Yes, please describe: _____

END OF FORM