



ENROLLMENT FORM

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: ENF
VERSION: 1.0 10/26/10

Visit Number	<input type="text"/>	<input type="text"/>
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SEQ #	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Instructions: This form should be completed during the participant's visit. All screening forms should be completed prior to entering this form.

0a) Form Date..... //

0b) Initials

1a) Has the IEC (Eligibility Criteria Form) been entered? (Y/N)

Note: Check the Eligibility Report after entering the IEC in order to confirm eligibility status.

1b) Is participant eligible for enrollment in SPIROMICS? (Y/N)..... → **If No, END**

1c) Do you want to enroll the participant in SPIROMICS now? (Y/N) → **If No, END**

2a) Have all the stratification data been entered (IEC, ANT, DEM, SDF)? (Y/N)

Note: Check the Stratum Report after entering the IEC, ANT, DEM and SDF in order to confirm participant strata.

2b) What stratum is the participant eligible for?.....

- Non-smoker1
- Smoker without COPD2
- Mild/Moderate COPD3
- Severe COPD.....4
- Not Eligible5 → **END**

2c) Is the strata full? (Y/N)..... → **If Yes, END**

2d) Do you want to stratify participant in SPIROMICS now? (Y/N)