

**BRONCHOSCOPY SUB-STUDY
SPUTOLYSIN LABEL ID FORM**

ID NUMBER:

FORM CODE: BSY
VERSION: 1.0 02/15/2022

Event: _____

Instructions: Use this form to inform which Sputolysin sample by BRN ID is collected and stored. This should be entered during the participant's Bronchoscopy Sub-study clinic visit for each sample. This form will populate the Sputolysin Sample Shipping Manifest Report that is printed prior to shipment once a box is full.

	BRN ID			Number of Aliquots	
	a)			b)	
1)	BRN	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	
2)	BRN	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	
3)	BRN	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	
4)	BRN	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	
5)	Shipping Date:	<input type="text"/>	<input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		6) Staff Code: <input type="text"/> <input type="text"/> <input type="text"/>
7)	Box Number:	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		

END OF FORM