

BRONCHOSCOPY SUB-STUDY LABEL ID 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"/>	<input type="text"/>
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FORM CODE: BID
VERSION: 1.0 02/15/2022

Event: _____

0a) Date of Entry: / /

0b) Staff Code:

Instructions: Please use this form to link the Bronchoscopy Sub-study Label ID (BRN ID) with the participant's SOURCE Subject ID. This form should be completed during the Pre-Bronchoscopy Visit 1 (sputum induction) and Bronchoscopy Visit 2 (bronchoscopy).

1) Bronchoscopy Sub-study Visit Date:

 / /

2) Which Bronchoscopy Sub-study Visit?

Visit 1 – Sputum Induction₁

Visit 2 – Bronchoscopy₂

3) Bronchoscopy Sub-study Label ID (BRN ID):

BRN

END OF FORM