

**ALPHA 1-ANTITRYPSIN DEFICIENCY REGISTRY  
PFT - RETROSPECTIVE DATA**

**Form Completion Instructions:**

Retrospective pulmonary function test data, data prior to the initial Registry visit, can be collected using this form on patients who have been entered into the Registry. Past pulmonary function test data should be recorded in the spaces provided. Be sure to start with the MOST recent pre-registry data. For each test section, any values unknown or tests not done should be indicated with a "9" in each of the dashes.

Make additional copies of this form as necessary. Be sure to keep copies of the form(s) for your files. Submit any hard copy tracings (those described for Form #03) that may be available.

The number of years of retrospective data collected will be at the discretion of the Principal Investigator at each Clinical Center. No additional monies will be paid for submission of this(ese) retrospective form(s).

If only 1 or 2 tests are being recorded, you may submit page 1 only, but be sure to indicate the name of the person completing the form and the physician signature at the bottom of page 1.

ALPHA 1-ANTITRYPSIN DEFICIENCY REGISTRY  
Retrospective PFT Data Collection Form

To be completed only on patients entered into the Registry. Complete multiple forms if more than five sets of data. Submit hard copy tracings as for Form #03 if available.

1. Date form completed: F09001-fzd (fuzzed) ..... / ..... / .....  
month day year
2. Clinical Center code number: clinic (censored) .....
3. Patient Registry ID: NewID (scrambled) .....
4. Patient name code: namecode (censored) .....
- Start with most recent pre-Registry PFT
5. Date of test: Testdate-fzd (fuzzed) ..... / ..... / .....  
month day year

Location: Location

- \_\_\_(1)Registry Clinical Center (code: center ~~censored~~)      \_\_\_(2)Local Physician's office  
\_\_\_(3)Other (Specify): Never entered      \_\_\_(9)Unknown

Pre BD\* FEV<sub>1</sub>: Pre fev1 (L)

Pre BD\* FVC: Pre fvc (L)

Post BD\* FEV<sub>1</sub>: Post fev1 (L)

Post BD\* FVC: Post fvc (L)

TLC: TLC (L)

Hgb: HGB (g/dl)

DLCO: DLCO (mlCO/min/mmHg)

For variable names, see Question 5.  
Data recorded here entered  
as separate record in  
database.

6. Date of test: ..... / ..... / .....  
month day year

Location:

- \_\_\_(1)Registry Clinical Center (code: \_\_\_)      \_\_\_(2)Local Physician's office  
\_\_\_(3)Other (Specify): \_\_\_\_\_      \_\_\_(9)Unknown

Pre BD\* FEV<sub>1</sub>: \_\_\_\_\_ (L)

Pre BD\* FVC: \_\_\_\_\_ (L)

Post BD\* FEV<sub>1</sub>: \_\_\_\_\_ (L)

Post BD\* FVC: \_\_\_\_\_ (L)

TLC: \_\_\_\_\_ (L)

Hgb: \_\_\_\_\_ (g/dl)

DLCO: \_\_\_\_\_ (mlCO/min/mmHg)

\*BD = Bronchodilator

White/Yellow: Clinical Coordinating Center, Pink: Clinical Center

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Patient Registry ID: \_\_\_\_\_

Date of Tests: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

See Question 5. Data recorded here entered as a separate record in database.

Date of test:..... \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

Location:

\_\_\_(1) Registry Clinical Center (code: \_\_\_ \_\_\_)

\_\_\_(2) Local Physician's office

\_\_\_(3) Other (Specify):

\_\_\_(9) Unknown

Pre BD\* FEV<sub>1</sub>: \_\_\_\_\_(L)

Pre BD\* FVC: \_\_\_\_\_(L)

Post BD\* FEV<sub>1</sub>: \_\_\_\_\_(L)

Post BD\* FVC: \_\_\_\_\_(L)

TLC: \_\_\_\_\_(L)

Hgb: \_\_\_\_\_(g/dl)

DLCO: \_\_\_\_\_(mlCO/min/mmHg)

8. Date of test:..... \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

Location:

\_\_\_(1) Registry Clinical Center (code: \_\_\_ \_\_\_)

\_\_\_(2) Local Physician's office

\_\_\_(3) Other (Specify):

\_\_\_(9) Unknown

Pre BD\* FEV<sub>1</sub>: \_\_\_\_\_(L)

Pre BD\* FVC: \_\_\_\_\_(L)

Post BD\* FEV<sub>1</sub>: \_\_\_\_\_(L)

Post BD\* FVC: \_\_\_\_\_(L)

TLC: \_\_\_\_\_(L)

Hgb: \_\_\_\_\_(g/dl)

DLCO: \_\_\_\_\_(mlCO/min/mmHg)

See Question 5. Data recorded here entered as a separate record in database.

9. Date of test:..... \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

Location:

\_\_\_(1) Registry Clinical Center (code: \_\_\_ \_\_\_)

\_\_\_(2) Local Physician's office

\_\_\_(3) Other (Specify):

\_\_\_(9) Unknown

Pre BD\* FEV<sub>1</sub>: \_\_\_\_\_(L)

Pre BD\* FVC: \_\_\_\_\_(L)

Post BD\* FEV<sub>1</sub>: \_\_\_\_\_(L)

Post BD\* FVC: \_\_\_\_\_(L)

TLC: \_\_\_\_\_(L)

Hgb: \_\_\_\_\_(g/dl)

DLCO: \_\_\_\_\_(mlCO/min/mmHg)

See Question 5. Data recorded here entered as a separate record in database.

\*BD = Bronchodilator

Form Completed By (Name): Never entered

Physician Signature: Never entered

White/Yellow: Clinical Coordinating Center, Pink: Clinical Center

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