

LABORATORY DATA FORM

ID no. _____ - _____
Form Type L D _____

I. SUBJECT IDENTIFICATION

1. Case's Initials: _____
2. Date of examination: _____ - _____ - _____
Month Day Year

II. SPIROMETRY

3. Date of most recent test: _____ - _____ - _____ **tst_dy**
Month Day Year
Not Done (1) **ndtst**
- IF SPIROMETRY NOT DONE,
GO TO QUESTION 9.**

A. Pre-Bronchodilators

4. FEV-1: _____ . _____ **feva_1**
5. FVC: _____ . _____ **fvca**

B. Post-Bronchodilators

**Post-Bronchodilator spirometry is required if the FEV,
is less than 80% of predicted or the ratio of FEV, to
vital capacity is less than 75%**

6. Post-Bronchodilator spirometry
not done: (1) **ndpb**

**If Post-Bronchodilator spirometry not done,
go to Question 9.**

7. FEV-1: _____ . _____ **fevb_1**
8. FVC: _____ . _____ **fvcb**

III. **BLOOD TESTS**

A. CBC

9. Date of CBC: _____ - _____ - _____ **cbc_dy**
Month Day Year

**IF CBC NOT DONE, GO TO
QUESTION 19.**

Not Done (1) **ndcbc**

10. WBC: _____ . _____ x 10³/mm³ **wbc**

11. Hgb: _____ . _____ g/dL **hgb**

12. Hematocrit: _____ . _____ % **hema**

13. Platelets: _____ x 10³/mm³ **plat**

B. Differential

14. Neutrophils (include bands): _____ % **neutro**

15. Lymphocytes: _____ % **lympho**

16. Monocytes: _____ % **monocyte**

17. Eosinophil: _____ % **eosinoph**

18. **Other:** _____ % **othlab**

IF OTHER, specify: _____

C. Lab Chemistries

19. Date of lab chemistries: _____ - _____ - _____ **lab_dy**
Month Day Year

**IF NOT DONE, GO TO
QUESTION 34**

Not Done (1) **ndchem**

20. Sodium: **sodium**

21. Potassium: **potas**

22. Chloride: **chloride**

23. Bicarbonate: **bicarbon**

24. Creatinine _____ . _____ mg/dL **creatin**
25. Blood urea nitrogen (BUN) _____ mg/dL **bun**
26. Glucose: _____ mg/dL **glucose**
27. Albumin: _____ . _____ g/dL **albumin**
28. Alkaline phosphatase: _____ IU/L **alkphosp**
29. Total bilirubin: _____ . _____ mg/dL **tot_bil**
30. Aspartamine aminotransferase (AST): _____ IU/L **ast**
31. Alanine aminotransferase (ALT): _____ IU/L **alt**
32. Calcium: _____ . _____ mg/dL **calcium**
33. Total protein: _____ . _____ g/dL **tot_prot**

ADMINISTRATIVE MATTERS

34. Pulmonary Physician:

A. SIGNATURE: _____

B. ACCESS STAFF NO.: _____ - _____

35. RESEARCH COORDINATOR:

A. SIGNATURE: _____

B. ACCESS STAFF NO.: _____ - _____

36. DATE FORM COMPLETED: _____ - _____ - _____
Month Day Year

FORM 25
Laboratory Data Form

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
	REV	I(1)	Form revision
	FMTYP	CHAR(4)	Form type LD01=Baseline LD02=2-year visit
	newid	F(5.1)	Patient ID
3	tst_dy	I(4)	Days from enrollment to spirometry test
3	NDTST	I(1)	Spirometry test not done 1=Test not done
4	FEVA 1	F(4.2)	Pre-bronchodilators - FEV-1 (L)
5	FVCA	F(4.2)	Pre-bronchodilators - FVC (L)
6*	NDPB	I(1)	Post-bronc. spirometry not done 1=Test not done
7	FEVB 1	F(4.2)	Post-bronchodilators - FEV-1 (L)
8	FVCB	F(4.2)	Post-bronchodilators - FVC (L)
9	cbc_dy	I(4)	Days from enrollment to CBC
9*	NDCBC	I(1)	CBC not done 1=Test not done
10	WBC	F(4.1)	WBC (10**3/mm**3)
11	HGB	F(4.1)	HGB (g/dL)
12	HEMA	F(4.1)	Hematocrit (%)
13	PLAT	I(3)	Platelets (10**3/mm**3)
14	NEUTRO	I(3)	Neutrophils, include bands (%)
15	LYMPHO	I(3)	Lymphocytes (%)
16	MONOCYTE	I(3)	Monocytes (%)
17	EOSINOPH	I(3)	Eosinophil (%)
18	OTHLAB	I(3)	Other differential (%)
19	lab_dy	I(4)	Days from enrollment to lab chemistries
19*	NDCHEM	I(1)	Lab chemistries not done 1=Lab chemistries not done

*Refer to the form for skip pattern for this item.

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FORM 25
Laboratory Data Form

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
20	SODIUM	I(3)	Sodium (mEq/L)
21	POTAS	F(4.1)	Potassium (mEq/L)
22	CHLORIDE	I(3)	Chloride (mEq/L)
23	BICARBON	I(3)	Bicarbonate (mEq/L)
24	CREATIN	F(4.1)	Creatinine (mg/dL)
25	BUN	I(3)	BUN (mg/dL)
26	GLUCOSE	I(3)	Glucose (mg/dL)
27	ALBUMIN	F(4.1)	Albumin (g/dL)
28	ALKPHOSP	I(3)	Alkaline phosphatase (IU/L)
29	TOT BIL	F(4.1)	Total bilirubin (mg/dL)
30	AST	I(3)	AST (IU/L)
31	ALT	I(3)	ALT (IU/L)
32	CALCIUM	F(4.1)	Calcium (mg/dL)
33	TOT PROT	F(4.1)	Total protein (g/dL)