PULMONARY AIDS CLINICAL STUDY
FORM M - SPUTUM COLLECTION FORM

Version Date: The version date of the form, located in the upper right corner of the form, should be checked by the interviewer to insure that the correct version of the form is being used.

1. **Patient ID:** The patient's ID label should be affixed here. If a label is not available, the ID should be printed neatly in the space provided.

2. **Clinic:** Enter the two digit clinic-specific ID number in the boxes provided. For all clinics that are composed of only one primary center, a '01' should be entered. If there is more than one clinic at a particular center, the investigator at the center should assign each clinic a different clinic ID number beginning with '01' and going in sequence. A list of the assigned clinic numbers should then be sent to the Coordinating Center.

3. a. **Date of Procedure:** Enter the date the procedure was performed. Remember to use the complete date format described earlier in this document.

   b. **Time of Procedure:** Record military time procedure was performed or 00:00.

4. **Sputum Specimen Collected:** Indicate Yes or No whether the sputum specimen was successfully collected.

5. **Reason for Collection:** Check the appropriate box indicating whether the sputum was collected during a routine visit or if it was collected because of a symptom workup.

6. **Complications:** Indicate whether any complications existed. If so, answer Questions B and C to indicate what the complications were.

7. *Visit Type: Indicate the visit type by checking the appropriate box. If Baseline or Scheduled Follow-up visit, skip to Question 8.*

8. *Qualify as Scheduled Visit: Indicate Yes or No if the symptom generated or one month follow-up visit qualifies by protocol definition as a scheduled visit. If the visit does not qualify as a scheduled visit, skip to Question 9.*

9. ***Scheduled Follow-up Month:*** *If baseline visit, enter 00 in the boxes provided. Otherwise, indicate which scheduled follow-up visit the form is being completed for. For routine patients, these should be the 06, 12, 18, 24, 30, 36, 42 and 48 month visits. For intense patients, these should be the 03, 06, 09, 12, 15, 18, etc. month visits.*

10. ***Date of Associated Intake, Interval, or Hospital Form:*** *Indicate the date of the Intake, Interval, or Hospital form that was completed at the visit in which this form is also being completed. If no Interval, Intake or Hospital form is associated with this form, the date should be left blank and keyed as a -1 in the Day boxes.*

Sputum Completed By: The name of the person that completed the sputum examination should be printed in the space provided.

Form Reviewer/Date: The individual, other than the interviewer, that reviews the form for completeness and correctness should print their name and the date the form was reviewed in a legible manner in the space provided.

Form Keyer/Date: The individual that keys the form using the RTIDE screen entry package should print their name and the date the form was keyed in a legible manner in the space provided.

FORM M   Version: | 0 | 1 | | N | O | V | | 8 | 9 |

PULMONARY COMPLICATIONS OF HIV INFECTION
SPUTUM COLLECTION FORM

1. Patient ID .... | | | | | |

2. Clinic .... | | |

                                         Day   Month   Year

3. A. Date of Collection .... | | | | | | | | | |

   B. Time (military) .... | | | : | | |

                                                        Yes   No

4. Sputum Specimen Collected? .... ☐ y   ☐ n

5. Reason for Collection:

   A.   Routine .... ☐ 01

   B.   Symptom Workup .... ☐ 02

6. Complications: Yes   No

   A.   Complications .... ☐ y ☐ n

        If YES:

   B.   Bronchospasm .... ☐ y ☐ n

   C.   Other, specify: _____ ☐ y ☐ n

PLEASE COMPLETE ONE SPECIMEN EVALUATION FORM FOR EACH SPECIMEN.

==

7. Visit Type: □ *Baseline   □ *Scheduled Follow-up   □ Symptom Generated
                 0   1   2

                 □ One Month Follow-up   □ Hospital
                 3   4

     * If Baseline or Scheduled Follow-up, skip to 9.   Yes   No

8. Does this visit qualify as a scheduled visit? .... □ y □ n

    If **No, skip to 10.**

9. For which scheduled follow-up visit does this qualify? .... | | | month
    (00=Baseline; 03 month, 06 month, 09 month, etc.)

10. Date of Intake, Interval, or Hospital Form associated with this form:

        Day   Month   Year

       | | | | | | | | | |

==

Sputum Completed By: _____

Form Reviewed By: _____   Date_____
                        (please print)

Form Keyed By: _____   Date: _____
                      (please print)