

SUBJECT ID: _____

DATE OF PFT: _____

REDS PULMONARY FUNCTION TESTING (PFT) RESULTS FORM

PFT LABORATORY: _____

From PFT Report: Sex: F M Age(yrs): |__|__| Height(in): |__|__| Weight(lbs): |__|__|__|

	<u>PREDICTED</u>	<u>BEST</u>	<u>% PREDICTED</u>
FVC	__ __ . __ __	__ __ . __ __	__ __
FEV1	__ __ . __ __	__ __ . __ __	__ __
FEV1/FVC	__ __ . __ __	__ __ . __ __	__ __
FEF 25-75	__ __ . __ __	__ __ . __ __	__ __
FEF 200-1200	__ __ . __ __	__ __ . __ __	__ __
PEF	__ __ . __ __	__ __ . __ __	__ __
TLC	__ __ . __ __	__ __ . __ __	__ __
DLCO	__ __ . __ __	__ __ . __ __	__ __
DLCorrHgb	__ __ . __ __	__ __ . __ __	__ __
DLCorrHgb/VA	__ __ . __ __	__ __ . __ __	__ __

Subject notified of abnormal PFT results(s) Y N

Hemoglobin (Hgb) Value |__|__|.|__| Date Hgb Measured: |__|__|_|__|__|_|__|__|
MO DAY YR

Hgb Source: REDS Phase Three Visit CBC
 (Check one) REDS Blood Center (not part of Phase Three visit)
 PFT Laboratory
 Other (SPECIFY) _____

WESTAT USE ONLY

Source document: For best effort only? 1 For all efforts?..... 2
 Hgb source document provided? Yes 1 No 2