



BRONCHOSCOPY SUBSTUDY SPUTOLYSIN SLIDE BRN ID FORM

SITE ID:	<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: BSY
VERSION: 1.0 08/29/2019

Event: _____

Instructions: Use this form to inform which Sputolysin samples by BRN ID are collected and stored. This should be entered during the participant's Bronchoscopy Substudy clinic visit for each sample. This form will populate the Sputolysin Shipping Manifest Report that is printed prior to shipment once a box is full.

	BRN ID	Number of Aliquots
	a)	b)
1) BRN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
2) BRN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
3) BRN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
4) BRN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
5) Shipping Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	6) Staff Code <input type="text"/> <input type="text"/> <input type="text"/>
7) Box number	<input type="text"/> <input type="text"/> <input type="text"/>	