



EXACERBATION SUBSTUDY LAB ID FORM

ID NUMBER:	<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: EID
VERSION: 2.0 05/14/2019

Event: _____

0a) Collection Date / /

0b) Staff Code

Instructions: Use this form to link the Exacerbation Substudy PEX ID with the Subject ID. This should be completed during the participant's Exacerbation Substudy Visit 1 and during Visit 2. Use the barcode scanner to scan the label from the biospecimens being collected to populate the PEX ID in item 1 below.

21) Exacerbation Substudy ID

PEX

END OF FORM