DLCO READING CENTER FORM

ADMINISTRATIVE INFORMATION

0a. Completion Date: ______/____/____  0b. Staff ID: [Blank]

Month  Day  Year

Instructions: The information on this form is entered in the DMS by the DLCO reading center

1. SVC Quality Grade: [□]

   ....A
   ....B
   ....C
   ....D
   ....E
   ....F

2. DLCO Trial 1 Quality Grade: [□]

   ....A
   ....B
   ....C
   ....D
   ....E
   ....F

3. DLCO Trial 2 Quality Grade: [□]

   ....A
   ....B
   ....C
   ....D
   ....E
   ....F