

**SPUTUM SLIDE FORM**

ID NUMBER:

FORM CODE: SPU  
VERSION: 1.0 07/02/2021

Event: \_\_\_\_\_

0a) Date of Collection:   /   /

0b) Staff Code:

0c) Sample Collection:

- Baseline Visit<sub>1</sub>
- 3-year Follow-up Visit<sub>2</sub>
- Bronchoscopy Sub-study Visit 1<sub>3</sub>
- Other<sub>4</sub>

0c1) If Other, please specify: \_\_\_\_\_

1) Reader Code:

2) Reader Number (1/2/3):

3) Internal ID Number:

4) Slide Number:

- Spu01<sub>1</sub>
- Spu02<sub>2</sub>
- Spu03<sub>3</sub>
- Spu04<sub>4</sub>

4a) Slide Type:

- Sputum<sub>1</sub>
- Bronchial Wash<sub>2</sub>
- Bronchoalveolar Lavage<sub>3</sub>
- Cytological Brush<sub>4</sub>
- Microcytological Brush<sub>5</sub>

5) Acceptable Slide?

- No<sub>0</sub>
- Yes<sub>1</sub>

6) Description: \_\_\_\_\_

7) Neutrophils:

ID NUMBER:									
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8) Mac/Mon:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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9) Eos:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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10) Lym:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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11) Br Epi Cells:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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12) Sq Epi Cells:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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13) Comments: \_\_\_\_\_

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14) Date Slide Reading Completed:

<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**END OF FORM**