FOR SITE IRB SUBMED FOR SOURCE DOCUMENTATION

Folder: Enrollment Forms
Form: Demography

FORM_OID	PID3302204_V1_0
Patient Initials (LFM)	
Patient's Date of Birth	
Ethnicity	Hispanic or Latino
	Not Hispanic or Latino
	Not Reported
	Unknown
Gender of a Person	Female Gender
Gender of a Ferson	Male Gender
	Unknown
Country of Residence	
ZIP Code	
Method of Payment	PRIVATE INSURANCE
	MEDICARE
	MEDICARE AND PRIVATE
	INSURANCE
,(MEDICAID
SI	MEDICAID AND MEDICARE
	MILITARY OR VETERANS SPONSORED NOS
	MILITARY SPONSORED
0,10	(INCLUDING CHAMPUS
	&TRICARE)
5010	VETERANS SPONSORED
8 4	SELF PAY (NO INSURANCE)
i Prancis	NO MEANS OF PAYMENT
C II MI	(NO INSURANCE) OTHER
	Unlmovin
	Unknown
ZIP Code Method of Payment	American Indian or Alaska
· ,	Native Asian
^ '	Black or African American
\mathcal{S}	Native Hawaiian or Other Pacific
•	Islander
	White

Folder: Enrollment Forms Form: Demography

Unknown Or Vike the Country of the C

Folder: Enrollment Forms Form: Step Information

FORM_OID		PID	3285392_V1_0
Registration Step			
Event Description			
Tracking Number		_	
Treating Investigator			<u> </u>
Site Registrar			
Crediting Group		-	14
		-	
Arm Name		11	7,
Event Date			
Event Time		_	EST
Event Time		\sim	CST
	1		MST
	. 7	C	\cup
		,0	PST
			EDT
			CDT
			MDT
			PDT
Crediting Investigator Arm Name Event Date Event Time Draft 18.0 version 1.0 MIGPROE			
40			
Draft 18.0 version 1.0 MIGPROD)		3 of 111

Folder: Enrollment Forms Form: Treatment Assignment

FORM_OID	PID3285336_V1_0
Arm Name	
Step No	
Event description	
Date of Intervention/Treatment Assignment	
Event Time	CST
	PST
	EDT O O MDT O PDT
, 4	MDT
Resident Strokes of the Strokes of the Strokes of the Stroke of the Stro	
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SUB OFF	
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A CA	
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Folder: Enrollment Forms Form: Eligibility Checklist

10FEB2020 (914)

Demography: Age and Birth Year	
26 Year of Birth	
27 Age	
Inclusion Criteria	
30 Is the patient willing and able to provide written informed	No
consent?	Yao
4 Date Informed Consent Signed	
31 Is the patient 50-79 years old?	No Yes
32 Is the patient able to fill out the Patient Lung History questionnaire?	No Yes
33 Is the patient able to tolerate all biospecimen collection as required by protocol?	No Yes
42 Does the patient have a history of Chronic Obstructive Pulmonary Disease (COPD) or emphysema?	No Yes
43 Does the participant have at least one first degree felative with a diagnosis of lung cancer?	No Yes
45 Indicate the patients smoking status	Current Smoker Former Smoker
Current Smokers Only	
54 Has the patient smoked >10 eigarettes per day for at least 25 years? 46 Provide the number of eigarettes smoked per day	No Yes
Former Smokers Only	
55. Does the patient have at least ≥20 pack years history and quit 20 years ago or less? 47 Provide the pack years	No Yes
48 Is the patient willing to undergo fiberoptic bronchoscopy?	No Yes
49 Is the patient able to comply with standard-of-care follow-up visits, including clinical exams, diagnostic work-ups, and imaging for a maximum of four years or until diagnosis of lung cancer?	No Yes
Exclusion Criteria	
Draft 18.0 version 1.0 MIGPROD	5 of 444

Folder: Enrollment Forms Form: Eligibility Checklist

51 Does the patient have any contraindications to nasal brushing or fiberoptic bronchoscopy? 52 Does the patient have allergies to any local anesthetic that may be used to obtain biosamples in the study? 53 Does the patient weigh more than allowable by the CT scanner? No	
be used to obtain biosamples in the study?	
53 Does the patient weigh more than allowable by the CT scanner?	38 ()
re	
53 Does the patient weigh more than allowable by the CT scanner? No Yes Solidary Charles of the CT scanner?	

Folder: Eligibility/Registration Visit

Form: Registration Visit

No Yes Unknown
Unknown
Patient Refused
Questionnaire Not Distributed to
Patient
Site Error
Questionnaire Lost
Unknown
Other, specify
No
Yes
Ves Unknown
Patient Refused
Site error
Unknown
Other, specify
No
Yes
Unknown
Images Lost
Site error
Unknown
Other, specify
llment(check all that apply)

Folder: Eligibility/Registration Visit Form: Medical History-Log Generated On: 09 Apr 2020 15:26:54 **Instructions:** Provide the medical history for the patient as assessed during registration. If the date of diagnosis is unknown, enter days as UN, months as UNK, and years as 0000. Has the patient been diagnosed with any other aerodigestive conditions not listed in the table below? Note: This may include additional conditions/events of those conditions listed Unknow Medical Condition Barrett' TE COMMENDED FOR SOURCE. bstruction/Extrinsic Compression Chronic Bronchitis COPD Cystic Fibrosis Emphysema **GERD** Heart Disease - Heart Attack Hypertension - High Blood Pressure Interstitial Lung Disease **Lung Infection** Obliterative Bronchiolitis Occupational Lung Diseases **Pulmonary Fibrosis** Sleep Apnea Stroke - Cerebrovascular Disease TB or active Pneumonia Thyroid disorders Other aerodigestive conditions Yes Unknown Date diagnosed

Draft 18.0 version 1.0 MIGPROD 10FEB2020: All Forms

If yes, provide a description of medical condition

 ${\bf Folder: Eligibility/Registration\ Visit}$

Form: Medical History- Log

Medical Condition	Asbestosis
	Barrett's esophagus
	Bronchiectasis
	Central Airway
	Obstruction/Extrinsic
	Compression Chronic Bronchitis
	COPD
	CSUC Fibrosis
	Emphysema
	GERD
	Hear Disease - Heart Attack
	Hypertension - High Blood Pressure
	Interstitial Lung Disease
	Lung Infection
	Obliterative Bronchiolitis
	Occupational Lung Diseases
	Pulmonary Fibrosis
65.0	Sleep Apnea
	Stroke - Cerebrovascular Disease
	TB or active Pneumonia
	Thyroid disorders
Jas patient even been diagnosed with this condition?	Other aerodigestive conditions
las patient ever been diagnosed with this condition?	No C
IK WILL	Yes
W. ON	Unknown
Date diagnosed	
f yes, provide a description of medical condition	
	Asbestosis
Medical Condition	Barrett's esophagus
),	, ,
	Bronchiectasis
	Central Airway Obstruction/Extrinsic
	Compression
	1

Folder: Eligibility/Registration Visit

Form: Medical History- Log

-	
	Chronic Bronchitis
	COPD
	Cystic Fibrosis
	Emphysema
	GERD
	Heart Disease - Heart Ahack
	Hypertension - High Blood
	Pressure
	Interstitial Lung Disease
	Lung Infection
	Obliterative Bronchiolitis
1	Occupational Lung Diseases
, ~	Pulmonary Fibrosis
CION ONLY	Sleep Apnea
0, 1,	Stroke - Cerebrovascular Disease
200	TB or active Pneumonia
0, 5	Thyroid disorders
	Other aerodigestive conditions
Has patient ever been diagnosed with this condition?	No
	Yes
	Unknown
Date diagnosed	
If yes, provide a description of medical condition	
Medical Condition	Asbestosis
IK WILL	Barrett's esophagus
LE ONIE	Bronchiectasis
	Central Airway
2,10	Obstruction/Extrinsic
- 02	Compression Chronic Bronchitis
< \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	COPD
2/27	Cystic Fibrosis
	Emphysema
	GERD
	GERD

Folder: Eligibility/Registration Visit

Form: Medical History- Log

	Heart Disease - Heart Attack
	Hypertension - High Blood
	Pressure
	Interstitial Lung Disease
	Lung Infection
	Obliterative Bronchiolitis
	Occupational Lung Diseases
	Pulmonary Erbrosis
	Sleep Apnea
	Stroke - Cerebroyascular Disease
	TB or active Pneumonia
	Thyroid disorders
~	Other aerodigestive conditions
Has patient ever been diagnosed with this condition?	No O
	Yes
	Unknown
Date diagnosed	
Madical Confidence	Alwaria
Medical Condition	Asbestosis
Medical Condition	Asbestosis Barrett's esophagus
Medical Condition	Barrett's esophagus Bronchiectasis
Medical Condition	Barrett's esophagus Bronchiectasis Central Airway
Medical Condition	Barrett's esophagus Bronchiectasis Central Airway Obstruction/Extrinsic
Medical Condition	Barrett's esophagus Bronchiectasis Central Airway Obstruction/Extrinsic Compression
Medical Condition Medical Condition	Barrett's esophagus Bronchiectasis Central Airway Obstruction/Extrinsic Compression Chronic Bronchitis
Medical Condition Medical Condition	Barrett's esophagus Bronchiectasis Central Airway Obstruction/Extrinsic Compression Chronic Bronchitis COPD
Medical Condition Medical Condition	Barrett's esophagus Bronchiectasis Central Airway Obstruction/Extrinsic Compression Chronic Bronchitis
Medical Condition	Barrett's esophagus Bronchiectasis Central Airway Obstruction/Extrinsic Compression Chronic Bronchitis COPD
Medical Condition	Barrett's esophagus Bronchiectasis Central Airway Obstruction/Extrinsic Compression Chronic Bronchitis COPD Cystic Fibrosis
Medical Condition	Barrett's esophagus Bronchiectasis Central Airway Obstruction/Extrinsic Compression Chronic Bronchitis COPD Cystic Fibrosis Emphysema
Medical Condition	Barrett's esophagus Bronchiectasis Central Airway Obstruction/Extrinsic Compression Chronic Bronchitis COPD Cystic Fibrosis Emphysema GERD Heart Disease - Heart Attack Hypertension - High Blood
Medical Condition	Barrett's esophagus Bronchiectasis Central Airway Obstruction/Extrinsic Compression Chronic Bronchitis COPD Cystic Fibrosis Emphysema GERD Heart Disease - Heart Attack Hypertension - High Blood Pressure
Medical Condition Street Control of medical condition	Barrett's esophagus Bronchiectasis Central Airway Obstruction/Extrinsic Compression Chronic Bronchitis COPD Cystic Fibrosis Emphysema GERD Heart Disease - Heart Attack Hypertension - High Blood Pressure Interstitial Lung Disease
Medical Condition	Barrett's esophagus Bronchiectasis Central Airway Obstruction/Extrinsic Compression Chronic Bronchitis COPD Cystic Fibrosis Emphysema GERD Heart Disease - Heart Attack Hypertension - High Blood Pressure

Folder: Eligibility/Registration Visit

Form: Medical History- Log

	Occupational Lung Diseases
	Pulmonary Fibrosis
	Sleep Apnea
	Stroke - Cerebrovascular Disease
	TB or active Pneumoria
	Thyroid disorders
	Other aerodigestive conditions
Has patient ever been diagnosed with this condition?	No C
	Yes
	Unknown
Date diagnosed	
f yes, provide a description of medical condition	1 4
Medical Condition	Asbestosis
	Barrett's esophagus
$\mathcal{O}_{\mathcal{O}}$	Bronchiectasis
N 6	Central Airway
	Obstruction/Extrinsic
62,0	Compression Chronic Bronchitis
	COPD
ON O	Cystic Fibrosis
	Emphysema
50-10	GERD
8 4	Heart Disease - Heart Attack
Pate diagnosed Tyes, provide a description of medical condition Medical Condition Medical Condition	Hypertension - High Blood
.C. I MI	Pressure
(\sqrt{0})	Interstitial Lung Disease
31,0	Lung Infection
	Obliterative Bronchiolitis
72	
	Pulmonary Fibrosis
	Sleep Apnea
	Stroke - Cerebrovascular Disease
	TB or active Pneumonia

Folder: Eligibility/Registration Visit

Form: Medical History- Log

No Yes Unknown
Yes Unknown Asbestosis
Unknown
Asbestosis
1.
1.
1.
) •
ett's esophagus
Bronchiectasis
Central Airway
uction/Extrinsic
Compression onic Bronchitis
COPD
Cystic Fibrosis
Emphysema
GERD
e - Heart Attack
on - High Blood
Pressure
al Lung Disease
Lung Infection
ve Bronchiolitis
Lung Diseases
nonary Fibrosis
Sleep Apnea
ascular Disease
tive Pneumonia
nyroid disorders
stive conditions
No
Yes
Unknown

Folder: Eligibility/Registration Visit

Form: Medical History- Log

Date diagnosed	
f yes, provide a description of medical condition	
Medical Condition	Asbestosis
	Barrett's esophagus
	Bronchiectacis
	Central Airway
	Obstruction Extrinsic
	Compression Chronic Bronchitis
	COPD
	Cystic Fibrosis
	Emphysema
~	GERD
	Heart Disease - Heart Attack
	Hypertension - High Blood Pressure
	Interstitial Lung Disease
05	Lung Infection
CIV D	Obliterative Bronchiolitis
65,0	Occupational Lung Diseases
	Pulmonary Fibrosis
	Sleep Apnea
	Stroke - Cerebrovascular Disease
Sall	TB or active Pneumonia
	Thyroid disorders
Has patient ever been diagnosed with this condition?	Other aerodigestive conditions
las patient ever been diagnosed with this condition?	No
2/1,0	Yes
2, 70	Unknown
Date diagnosed	
yes, provide a description of medical condition	
Medical Condition	Asbestosis
	Barrett's esophagus
	Bronchiectasis
	Dionemeetasis

 ${\bf Folder: Eligibility/Registration\ Visit}$

Form: Medical History- Log

-	
	Central Airway
	Obstruction/Extrinsic
	Compression Chronic Bronchitis
	COPD
	Cystic Fibrosis
	Emphysema
	GERD
	Heart Disease - Heart Attack
	Hypertension High Blood
	Pressure Interstitial Lung Disease
	Lung Infection
	Obliterative Bronchiolitis
MISSION SC	Occupational Lung Diseases
	Pulmonary Fibrosis
$\mathcal{O}_{\mathcal{C}}$	Sleep Apnea
2 20	Stroke - Cerebrovascular Disease
	TB or active Pneumonia
65.0	Thyroid disorders
	Other aerodigestive conditions
as patient ever been diagnosed with this condition?	No
	Yes
25/20	Unknown
ate diagnosed	
yes, provide a description of medical condition	
ledical Condition	Asbestosis
	Barrett's esophagus
5 (1)	Bronchiectasis
S Q V	Central Airway
\ '	Obstruction/Extrinsic
) ·	Compression
	Chronic Bronchitis
	COPD
	Cystic Fibrosis

Folder: Eligibility/Registration Visit

Form: Medical History- Log

	Emphysema
	GERD
	Heart Disease - Heart Attack
	Hypertension - High Blood
	Pressure
	Interstitial Lung Disease
	Lung Infection
	Obliterative Bronchiolitis
	Occupational Lung Diseases
	Pulmonary Fibrosis
	Sleep Apnea
	Stroke - Gerebrovascular Disease
	TB or active Pneumonia
	Thyroid disorders
	Other aerodigestive conditions
as patient ever been diagnosed with this condition	n? No
	Yes
	Unknown
5, 6	
Date diagnosed	
f yes, provide a description of medical condition	
Medical Condition	Asbestosis
	Barrett's esophagus
00	Bronchiectasis
	Central Airway
II WA	Obstruction/Extrinsic Compression
KK ON'	Chronic Bronchitis
	COPD
Medical Condition	Cystic Fibrosis
2	Emphysema
7	GERD
)`	Heart Disease - Heart Attack
	Hypertension - High Blood
	Pressure
	Interstitial Lung Disease

Folder: Eligibility/Registration Visit

Form: Medical History- Log

_	
	Lung Infection
	Obliterative Bronchiolitis
	Occupational Lung Diseases
	Pulmonary Fibrosis
	Sleep Appea
	Stroke - Cerebrovascular Disease
	TB or active Pheamonia
	Thyroid disorders
	Other aerodigestive conditions
las patient ever been diagnosed with this condition?	No
	Yes
	Unknown
Date diagnosed	
f yes, provide a description of medical condition	.0-
Medical Condition	Asbestosis
	Barrett's esophagus
10,00	Bronchiectasis
65'01	Central Airway
1/20	Obstruction/Extrinsic
	Charrie Prove hitis
	Chronic Bronchitis
60,00	COPD
000	Cystic Fibrosis
	Emphysema
II MA.	GERD C
YR OW.	Heart Disease - Heart Attack
	Hypertension - High Blood Pressure
	Interstitial Lung Disease
yes, provide a description of medical condition dedical Condition	Lung Infection
S REC	Obliterative Bronchiolitis
)	Occupational Lung Diseases
	Pulmonary Fibrosis
	Sleep Apnea

Folder: Eligibility/Registration Visit

Form: Medical History- Log

	Stroke - Cerebrovascular Disease
	TB or active Pneumonia
	Thyroid disorders
	Other aerodigestive conditions
las patient ever been diagnosed with this condition?	No.
	Yes
	Unknown
Date diagnosed	10
yes, provide a description of medical condition	
Medical Condition	Asbestosis
	Barrett's esophagus
4	Bronchiectasis
	Central Airway
	Obstruction/Extrinsic
,0,0)	Compression
02 42	Chronic Bronchitis
10,00	COPD
65	Cystic Fibrosis
,50,00	Emphysema
	GERD
	Heart Disease - Heart Attack
	Hyportongian High Blood
	Hypertension - High Blood
5520	Pressure Interstitial Lung Disease
28 KM	Pressure Interstitial Lung Disease Lung Infection
RBANKAI	Pressure Interstitial Lung Disease Lung Infection Obliterative Bronchiolitis
CE CHARLAND	Pressure Interstitial Lung Disease Lung Infection Obliterative Bronchiolitis Occupational Lung Diseases
TE COMMENT	Pressure Interstitial Lung Disease Lung Infection Obliterative Bronchiolitis Occupational Lung Diseases Pulmonary Fibrosis
SITE COMMENT	Pressure Interstitial Lung Disease Lung Infection Obliterative Bronchiolitis Occupational Lung Diseases Pulmonary Fibrosis Sleep Apnea
SITE COMMENT	Pressure Interstitial Lung Disease Lung Infection Obliterative Bronchiolitis Occupational Lung Diseases Pulmonary Fibrosis Sleep Apnea
STERBANKA	Pressure Interstitial Lung Disease Lung Infection Obliterative Bronchiolitis Occupational Lung Diseases Pulmonary Fibrosis Sleep Apnea Stroke - Cerebrovascular Disease TB or active Pneumonia
STELONNEN	TB or active Pneumonia
Tedical Condition Tedical Condition Tedical Condition	Pressure Interstitial Lung Disease Lung Infection Obliterative Bronchiolitis Occupational Lung Diseases Pulmonary Fibrosis Sleep Apnea Stroke - Cerebrovascular Disease TB or active Pneumonia Thyroid disorders Other aerodigestive conditions

 ${\bf Folder: Eligibility/Registration\ Visit}$

Form: Medical History- Log

10FEB2020 (914)

	Yes
	Unknown
Date diagnosed	
If yes, provide a description of medical condition	
Medical Condition	Asbestosis
	Barrett's esophagus
	Bronchiectasis
	Cantral Airway
	Obstruction/Extrinsic
	Compression Chronic Bronchitis
	COPD
. 1	Cystic Fibrosis
	Emphysema
0,1/2	GERD
, O' ~\\'	Heart Disease - Heart Attack
2 c0	Hypertension - High Blood
10,22	Pressure
65	Interstitial Lung Disease
,,50,00	Lung Infection
	Obliterative Bronchiolitis
	Occupational Lung Diseases
60,00	Pulmonary Fibrosis
2017	Sleep Apnea
	Stroke - Cerebrovascular Disease
IL WA.	TB or active Pneumonia
XX ON.	Thyroid disorders
	Other aerodigestive conditions
Has patient ever been diagnosed with this condition?	No
	Yes
△ '	Unknown
Pate diagnosed	
If yes, provide a description of medical condition	
Medical Condition	Asbestosis
Draft 18.0 version 1.0 MIGPROD	

Folder: Eligibility/Registration Visit

Form: Medical History- Log

_	
	Barrett's esophagus
	Bronchiectasis
	Central Airway
	Obstruction/Extrinsic
	Compression Chronic Bronchtis
	Chronic Bronchuls
	Cystic Fibrosis
	Emphysema
	GERD
	Heart Disease - Heart Attack
	Pressure
	Interstitial Lung Disease
	Lung Infection
0, -	Obliterative Bronchiolitis
2.0	Occupational Lung Diseases
0, 5	Pulmonary Fibrosis
60-2	Sleep Apnea
(S) (O)	Stroke - Cerebrovascular Disease
	TB or active Pneumonia
	Thyroid disorders
CUBNISSION ON CO	Other aerodigestive conditions
Has patient ever been diagnosed with this condition?	No No
	Yes
IK WILL	Unknown
Date diagnosed	
If yes, provide a description of medical condition	
Medical Condition	Asbestosis
Medical Condition	Barrett's esophagus
~ `	Bronchiectasis
	Central Airway
	Obstruction/Extrinsic
	Compression
	Chronic Bronchitis

 ${\bf Folder: Eligibility/Registration\ Visit}$

Form: Medical History- Log

	COPD
	Cystic Fibrosis
	Emphysema
	GERD
	Heart Disease - Heart Attack
	Hypertension - High Blood Pressure
	Interstitial Lang Disease
	Lung Infection
	Obliterative Bronchiolitis
	Occupational Lung Diseases
	Pulmonary Fibrosis
	Sleep Apnea
	Stloke - Cerebrovascular Disease
	Pulmonary Fibrosis Sleep Apnea Stroke - Cerebrovascular Disease TB or active Pneumonia Thyroid disorders Other aerodigestive conditions
, (Thyroid disorders
	Other aerodigestive conditions
Has patient ever been diagnosed with this condition?	No
(5)(0)	Yes
	Unknown
Date diagnosed	
f ves. provide a description of medical condition	
Medical Condition	Asbestosis
Yadacar Condition	Barrett's esophagus
Medical Condition	Bronchiectasis
	Central Airway
	Obstruction/Extrinsic
S'. ()	Compression
	Chronic Bronchitis
7	COPD
\sim	Cystic Fibrosis
J	Emphysema
	GERD
	Heart Disease - Heart Attack

Folder: Eligibility/Registration Visit

Form: Medical History- Log

	Hypertension - High Blood
	Pressure
	Interstitial Lung Disease
	Lung Infection
	Obliterative Bronchiolitis
	Occupational Lung Diseases
	Pulmonary Fibrosis
	Sleep Apnea
	Stroke - Cerebrovascular Disease
	TB or active Pneumonia
	Thyroid disorders
	Other aerodigestive conditions
Has patient ever been diagnosed with this condition?	No
	Yes
	Unknown
Date diagnosed	
If yes, provide a description of medical condition	
Medical Condition	Asbestosis
5,0	Barrett's esophagus
	Bronchiectasis
	Central Airway
	Obstruction/Extrinsic
	Compression
0 4	Chronic Bronchitis
. DB NETT	<u> •</u>
RBMER	Chronic Bronchitis
TE PRINTER	Chronic Bronchitis COPD
SITE COMMENT	Chronic Bronchitis COPD Cystic Fibrosis
SITE COMMENT	Chronic Bronchitis COPD Cystic Fibrosis Emphysema
Medical Condition Medical Condition	Chronic Bronchitis COPD Cystic Fibrosis Emphysema GERD Heart Disease - Heart Attack Hypertension - High Blood
SITE COMMENT	Chronic Bronchitis COPD Cystic Fibrosis Emphysema GERD Heart Disease - Heart Attack Hypertension - High Blood Pressure
SITE COMMENT	Chronic Bronchitis COPD Cystic Fibrosis Emphysema GERD Heart Disease - Heart Attack Hypertension - High Blood Pressure Interstitial Lung Disease
SITE COMMENT	Chronic Bronchitis COPD Cystic Fibrosis Emphysema GERD Heart Disease - Heart Attack Hypertension - High Blood Pressure
SIECONNE	Chronic Bronchitis COPD Cystic Fibrosis Emphysema GERD Heart Disease - Heart Attack Hypertension - High Blood Pressure Interstitial Lung Disease Lung Infection

Folder: Eligibility/Registration Visit

Form: Medical History- Log

	Pulmonary Fibrosis
	Sleep Apnea
	Stroke - Cerebrovascular Disease
	TB or active Pneumonia
	Thyroid disorders
	Other aerodigestive conditions
Has patient ever been diagnosed with this condition?	No O
	Yes
	Unknown
Date diagnosed	
If yes, provide a description of medical condition	
Medical Condition	Asbestosis
	Barrett's esophagus
	Bronchiectasis
,0	Central Airway
22 20	Obstruction/Extrinsic
	Compression Chronic Bronchitis
62,00	COPD
	Cystic Fibrosis
	Emphysema
	GERD
50.00	Heart Disease - Heart Attack
8 4	Hypertension - High Blood
Profit	Pressure
C I WILL	Interstitial Lung Disease
XX OIA	Lung Infection
S), ()	Obliterative Bronchiolitis
Date diagnosed f yes, provide a description of medical condition Medical Condition	Occupational Lung Diseases
	Sleep Apnea
J	Stroke - Cerebrovascular Disease
	TB or active Pneumonia
	Thyroid disorders

Folder: Eligibility/Registration Visit

Form: Medical History- Log

	Other aerodigestive conditions
Has patient ever been diagnosed with this condition?	No
	Yes
	Unknown
Date diagnosed	1
f yes, provide a description of medical condition	,4'
Medical Condition	Axbestosis
	Barrett's esophagus
	Bronchiectasis
	Central Airway
	Obstruction/Extrinsic
1	Compression Chronic Bronchitis
	COPD
OK. IK	Cystic Fibrosis
	Emphysema
	GERD
	Heart Disease - Heart Attack
65,0	Hypertension - High Blood
	Pressure Pieces C
ON O	Interstitial Lung Disease
	Lung Infection Obliterative Bronchiolitis
SUN	Occupational Lung Diseases
	Pulmonary Fibrosis
IK WILL	Sleep Apnea
K ON!	Stroke - Cerebrovascular Disease
	TB or active Pneumonia
2, %	Thyroid disorders
SITE COMMENDED FOR SOUR	Other aerodigestive conditions
las patient ever been diagnosed with this condition?	No
	Yes
	Unknown
Date diagnosed	

Folder: Eligibility/Registration Visit

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Folder: Eligibility/Registration Visit Form: Medical History- Other Generated On: 09 Apr 2020 15:26:54

History/Condition/Allergy

Date of Diagnosis

Unkn.

Unkn.

Voka.

Vo Active/Ongoing

Draft 18.0 version 1.0 MIGPROD 10FEB2020 (914)

Folder: Eligibility/Registration Visit

Form: Surgical History

Has the patient had any prior thoracic surgery?	
	Unkn
Instructions: If any of the above question is answered	d yes, provide the details of the thoracic surge
table below. A brief description of the procedure and of	
provide each in a separate row.	
Surgical Procedure Type	Excision of lung, brone
	Operations of chest wall, ple
	mediastimum diaphr Operations of phar
	hypopharynx, oropha
	Operations of larynx, trac
	Operations of thy
	parathyroid gla
	Operations of esopha
	Operations of lymph ne
, (Other thoracic sur
Description of surgical procedure	CO
Date of surgery	9
-S, O	
,50,00	
2 2 7	
IK WILL	
il. W	
(\\^c\)'	
5	
Description of surgical procedure Date of surgery	
\mathcal{O}	
•	

Folder: Eligibility/Registration Visit Form: Concomitant Medications Yes/No Generated On: 09 Apr 2020 15:26:54

Has the participant taken any <i>inhaled</i> medications within the last two	N
weeks?	Ye
	Unknow
Has the participant taken any <i>intranasal</i> medications within the last	N
two weeks?	X
	Unknow
Has the participant taken any <i>statins</i> within the last two weeks?	N
	Ye.
	Unknow
Has the participant taken any other medications within the last two	N
weeks?	Ye
4 ~	Unknow
SOLOK	
SMISSFOR	
CUBNISSFOR	
SUBMISSFOR	
I RESURNIES FOR	
E REMIED ED FOR	
TE OMNENDED FOR	
SITE COMMENDED FOR	
SITE COMMENDED FOR	
STERBURNEDED FOR SOURCE	
STEIRBUNEDED FOR	

Folder: Eligibility/Registration Visit

Form: Inhaled Medications

Generated On: 09 Apr 2020 15:26:54

Provide the details of the inhaled medication taken in the past 2 weeks

Medication

(Generic Name only)

Start Date

Folder: Eligibility/Registration Visit Form: Intranasal Medications

Generated On: 09 Apr 2020 15:26:54

Provide the details of the intranasal medication taken in the past 2 weeks

Medication

(Generic Name only)

Start Date

Folder: Eligibility/Registration Visit

Form: Statin Medications

Generated On: 09 Apr 2020 15:26:54

Provide the details of the statin medication taken in the past 2 weeks

Medication

(Generic Name only)

Start Date

Folder: Eligibility/Registration Visit

Form: Other Medications

Generated On: 09 Apr 2020 15:26:54

Provide the details of the other medication taken in the past 2 weeks

Medication

(Generic Name only)

Start Date

Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Timepoint Generated On: 09 Apr 2020 15:26:54

Indicate the timepoint the patient questionnaire was	Eligibility/Registration
completed/returned	Baseline Visit
	Surgery
	Other, specify
Indicate the timepoint the patient questionnaire was	Eligibility/Registration
completed/returned	Baseline Visit
	Other, specify
	1/4
1	4,*
'	~C^
65.04	
5011	
8 4	
R. Mr	
, (V _C O),	
51,0	
2-2	
0, 4 2	
40	
Indicate the timepoint the patient questionnaire was completed/returned A supplied of the patient questionnaire was completed/returned Traft 18.0 version 1.0 MIGPROD	
Diant 10.0 Version 1.0 MITOL KOD	33 of 444

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Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Military History Generated On: 09 Apr 2020 15:26:54

Active Duty Military Retired Military Veteran Family member of Active Duty/Veteran Check if patient left Q1 blank 2 Have you ever been deployed? No Yes PLANField Blank 3 If you have been deployed, please provide the location of deployment(s) Check if patient left Q3 blank Deployment Country Length of Deployment Fixed Unit: weeks Length of Deployment Fixed Unit: months Check if pt left deployment length blank Check if pt left deployment length blank	1 Indicate your current military status	
Veteran Family member of Active Duty/Veteran Check if patient left Q1 blank 2 Have you ever been deployed? Yes Pt Left Field Blank 3 If you have been deployed, please provide the location of deployment(s) Check if patient left Q3 blank Deployment Country Length of Deployment Fixed Unit: weeks Length of Deployment Fixed Unit: months	Active Duty Military	
Family member of Active Duty/Veteran Check if patient left Q1 blank 2 Have you ever been deployed? Pt Left Field Blank 3 If you have been deployed, please provide the location of deployment(s) Check if patient left Q3 blank Deployment Country Length of Deployment Fixed Unit: weeks Length of Deployment Fixed Unit: weeks	Retired Military	
Check if patient left Q1 blank 2 Have you ever been deployed? No Yes Pt Left Field Blank 3 If you have been deployed, please provide the location of deployment(s) Check if patient left Q3 blank Deployment Country Length of Deployment Fixed Unit: weeks Length of Deployment Fixed Unit: years	Veteran	
2 Have you ever been deployed? Pt Left Field Blank 3 If you have been deployed, please provide the location of deployment(s) Check if patient left Q3 blank Deployment Country Length of Deployment Fixed Unit: weeks Length of Deployment Fixed Unit: weeks		- 0
3 If you have been deployed, please provide the location of deployment(s) Check if patient left Q3 blank Deployment Country Length of Deployment Fixed Unit: weeks Length of Deployment Fixed Unit: weeks		
Check if patient left Q3 blank Deployment Country Length of Deployment Fixed Unit: weeks Length of Deployment Fixed Unit: months	2 Have you ever been deployed?	
Deployment Country Length of Deployment Fixed Unit: weeks Length of Deployment Fixed Unit: months	3 If you have been deployed, please provide the location of deployment(s)	
Length of Deployment Fixed Unit: weeks Length of Deployment Fixed Unit: weeks Fixed Unit: weeks Fixed Unit: weeks	Check if patient left Q3 blank	
Length of Deployment Fixed Unit: months Length of Deployment Fixed Unit: years	Deployment Country	
Length of Deployment Fixed Unit: years	Length of Deployment	Fixed Unit: week
	Length of Deployment	Fixed Unit: month
Check if pt left deployment length blank		Fixed Unit: year
OR SITE COMMENDED	Check if pt left deployment length blank	
7	SP STELONINE NO FOR STELONINE NO FOR STELONINE NO FOR PER CONTRACTOR OF THE PER CONTRACT	

Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Occupational History

4 Please check the occupations that you have ever	worked
Check if patient left Q4 blank	
Occupation If other, specify The specific of	Airline Industry (pilot, flight attendant, and/or flight crew) Baking Butchering/Meat Packing Chemical of plastics in anufacturing Coal Mining Coal Mining Cotton or jute processing Duty involving exposure to ionizing radiation Farming Fire Fighting Flour, feed, or grain milling Foundry or steel milling Hard Rock Mining Painting
IBMISS FOR	Sandblasting Welding Wood Working Other, specify
5010	None of the above
If other, specify	
Total Number of Months Worked	Fixed Unit: months
Total Number of Years Worked	Fixed Unit: years
Check the pt left the total number of months/years bla	nk
Did you wear a respirator?	No
Ο`	Yes
	Unknown
	Pt Left Field Blank

Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Occupational History

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Occupation	Airline Industry (pilot, flight
	attendant, and/or flight crew)
	Baking
	Butchering/Meat Packing
	Chemical or plastics
	manufacturing
	Coal Mining
	Cotton or jute processing
	Duty involving exposure to
	ionizing radiation
	Farming
(Duty involving exposure to ionizing radiation Farming Fire Fighting Flour, feed, or grain milling Foundry or steel milling Hard Rock Mining Painting Sandblasting Welding Wood Working Other, specify None of the above
\prec	Flour, feed, or grain milling
	Foundry or steel milling
	Hard Rock Mining
	Painting
02 00	Sandblasting
	Welding
65,04	Wood Working
1/20	Other specify
	None of the above
	None of the above
If other, specify	
Total Number of Months Worked	Fixed Unit: months
00 .()	
Total Number of Years Worked	Fixed Unit: years
Check if the pt left the total number of months/years blank	
Did you weak a respirator?	No C
	Yes
	Unknown
~ '	
	Pt Left Field Blank
Occupation	Airline Industry (pilot, flight
	attendant, and/or flight crew)
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Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Occupational History

	Baking
	Butchering/Meat Packing
	Chemical or plastics
	manufacturing
	Coal Mining
	Cotton or jute processing
	Duty involving exposure to
	ionizing radiation
	Farming
	Fire Fighting
	Flour, feed, or grain milling
	Poundry or steel milling
	Hard Rock Mining
	Painting
	Hard Rock Mining Painting Sandblasting Welding Wood Working Other, specify
\circ	Welding
	Wood Working
	Other provide
	Other, specify
(2) OK	None of the above
If other, specify	
Total Number of Months Worked	Fixed Unit: months
Total Number of Years Worked	Fixed Unit: years
25/4	Ž
Check if the releft the total number of months/years blan	
Did you wear a respirator.	No No
Did you wear the spirator	\cup
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Yes
5,0	Unknown
- N	Pt Left Field Blank
7	
Occupation	Airline Industry (pilot, flight
\mathcal{Q}	attendant, and/or flight crew)
•	Baking
	Butchering/Meat Packing
	$oldsymbol{\circ}$

Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Occupational History

-	
	Chemical or plastics
	manufacturing
	Coal Mining
	()
	Cotton or jute processing
	Duty involving exposure to
	ionizing radiation
	Farming
	Fire Fighting
	Flour, feed, or grain milling
	Foundix or steel milling
	Hard Rock Mining
	Painting
1	Sandblasting
	Welding
40	Wood Working
A COUP	Other, specify
400	None of the above
If other, specify	
Total Number of Months Worked	Fixed Unit: months
5,0	
Total Number of Years Worker	Fixed Unit: years
Check if the pt left the total number of months/years blank	
Did you wear a respirator?	No
	Yes
IK WI	Unknown
.VW'	
,<\\-_\0\'	Pt Left Field Blank
8,0	
Occupation	Airline Industry (pilot, flight
Occupation .	attendant, and/or flight crew)
/ \	
	Baking
	Butchering/Meat Packing
_	Chemical or plastics
	manufacturing
	Coal Mining
	Coai winning

Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Occupational History

•	
	Cotton or jute processing
	Duty involving exposure to
	ionizing radiation
	Farming
	Fire Fighting
	Flour, feed, or grain miling
	Foundry or steel multing
	Hard Rock Mining
	Painting
	Sandblasting
	Welding
	Wood Working
	Other, specify
	Other, specify None of the above
If other, specify	14.11
Total Number of Months Worked	Fixed Unit: months
Total Number of Years Worked	Fixed Unit: years
Total Number of Tears worked	Trace Offic. years
5 0	
Check if the pt left the total number of months years b	
Oid you wear a respirator?	No
	Yes
2 7	Unknown
	Pt Left Field Blank
- K	
Occupation	Airling Industry (nilet flight
Occupation	Airline Industry (pilot, flight attendant, and/or flight crew)
6,0	Baking
	Butchering/Meat Packing
JAK TOTAL	Chemical or plastics
△ '	manufacturing
)	Coal Mining
_	Cotton or jute processing
	Duty involving exposure to
	ionizing radiation

Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Occupational History

	Farming
	Fire Fighting
	Flour, feed, or grain milling
	Foundry or steel milling
	Hard Rock Mining
	Painting
	Sandblasting
	Welding
	Wood Working
	Other, specify
	None of the above
IC advances of	Trong of the more
If other, specify	Fig. 1 Harris and the
Total Number of Months Worked	Fixed Unit: months
Total Number of Years Worked	Fixed Unit: years
Check if the pt left the total number of months/years b	ulant -
Did you wear a respirator?	No
,5,0	Yes
	Unknown
BILL	Pt Left Field Blank
8 0	
Occupation	Airline Industry (pilot, flight
, QV , NV	attendant, and/or flight crew)
Occupation	Baking
XV OIZ	Butchering/Meat Packing
	Chemical or plastics
	manufacturing Coal Mining
Y PX	Cotton or jute processing
	Duty involving exposure to
\mathcal{I}	ionizing radiation
•	Farming
	Fire Fighting

Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Occupational History

	Flour, feed, or grain milling
	Foundry or steel milling
	Hard Rock Mining
	Painting
	Sandblasting
	Weltling
	Wood Working
	Other, specify
	None of the above
If other, specify	
Total Number of Months Worked	Fixed Unit: months
1	
Total Number of Years Worked	Fixed Unit: years
Total Number of Tears Worked	Tixed clint: years
Check if the pt left the total number of months/years blank	7
Did you wear a respirator?	No O
,0, 5	Yes
GI - P	Unknown
.65,0	Pt Left Field Blank
	Ft Left Field Blaffk
0/1/0	
Occupation	Airline Industry (pilot, flight
50.10	attendant, and/or flight crew)
8 4	Baking
.027	Butchering/Meat Packing
II MA	Chemical or plastics
YA Oly	manufacturing Coal Mining
Occupation SILL CONNECTION OCCUPATION	Cotton or jute processing
	Duty involving exposure to
- 0-4	ionizing radiation
JAN TO THE PARTY OF THE PARTY O	Farming
Č	Fire Fighting
	Flour, feed, or grain milling
	Foundry or steel milling
	, ,

Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Occupational History

	Hard Rock Mining
	Painting
	Sandblasting
	Welding
	Wood Working
	Other, specify
	None of the above
f other, specify	
otal Number of Months Worked	Fixed Unit: months
otal Number of Years Worked	Fixed Unit: years
Check if the pt left the total number of months/years blank	
oid you wear a respirator?	No
,0,0,	Yes
02 42	Unknown
0,0	Pt Left Field Blank
69 04	
Occupation	Airline Industry (pilot, flight
	attendant, and/or flight crew)
	Baking
S 10 v	Butchering/Meat Packing
0	Chemical or plastics manufacturing
.02	Coal Mining
I Ma	Cotton or jute processing
VK ON	Duty involving exposure to
	ionizing radiation
	Farming
ccupation	Fire Fighting
	Flour, feed, or grain milling
	Foundry or steel milling
	Hard Rock Mining Painting

Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Occupational History

	Sandblasting
	Welding
	Wood Working
	Other, specify
	None of the above
If other, specify	
Total Number of Months Worked	Fixed Unit: months
	10/1
Total Number of Years Worked	Fixed Unit: years
Check if the pt left the total number of months/years blank	
Did you wear a respirator?	No
	Yes
	Unknown
	Pt Left Field Blank
Occupation	Airline Industry (pilot, flight
65.0	attendant, and/or flight crew)
	Baking Office (New Pool in a Cooperation)
	Butchering/Meat Packing
	Chemical or plastics manufacturing
	Coal Mining
0 12	Cotton or jute processing
.02	Duty involving exposure to
	ionizing radiation
YR OW.	Farming
Occupation Occupa	Fire Fighting
2.10	Flour, feed, or grain milling
- Q-v	Foundry or steel milling
ST PX	Hard Rock Mining
S	Painting
	Sandblasting
	Welding

Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Occupational History

	Wood Working
	Other, specify
	None of the above
If other, specify	
Total Number of Months Worked	Fixed Unit: pronths
Total Number of Years Worked	Fixed Unit: years
Check if the pt left the total number of months/years blank	- CO'
Did you wear a respirator?	No Yes Unknown Pt Left Field Blank
Occupation Occupa	Airline Industry (pilot, flight attendant, and/or flight crew) Baking Butchering/Meat Packing Chemical or plastics manufacturing
BINED	Coal Mining Cotton or jute processing
28 KM	Duty involving exposure to ionizing radiation Farming
IK WI	Fire Fighting
XK ON	Flour, feed, or grain milling
	Foundry or steel milling
2.10	Hard Rock Mining
- 0-	Painting
2	Sandblasting
Č	Welding
	Wood Working
	Other, specify

Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Occupational History

If other, specify	
Total Number of Months Worked	Fixed Unit: months
Total Number of Years Worked	Fixed Unit years
Check if the pt left the total number of months/years blank	
Did you wear a respirator?	No C
	Yes
	Pt Left Field Blank
Decupation Occupation Occupa	Airline Industry (pilot, flight attendant, and/or flight crew)
0,974	Baking
	Butchering/Meat Packing
	Chemical or plastics manufacturing
65,00	Coal Mining
	Cotton or jute processing
ON O	Duty involving exposure to ionizing radiation
	Farming
25/4/	Fire Fighting
	Flour, feed, or grain milling
II. Wa.	Foundry or steel milling
XX ON.	Hard Rock Mining
	Painting
2//	Sandblasting
	Welding
	Wood Working
)	Other, specify
	None of the above

Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Occupational History

Total Number of Months Worked	Fixed Unit: months
Total Number of Years Worked	Fixed Unit: years
Check if the pt left the total number of months/years blank	
Did you wear a respirator?	MgO
	Yes
	Onknown
	Pr Left Field Blank
ccupation	Airline Industry (pilot, flight
4	attendant, and/or flight crew)
	Butchering/Meat Packing
	Chemical or plastics
	manufacturing
	Coal Mining
	Cotton or jute processing
·65,0	Duty involving exposure to
	Farming
	Fire Fighting
	Flour, feed, or grain milling
5.20	Foundry or steel milling
	Hard Rock Mining
IK WILL	Painting
K ON!	Sandblasting
	Welding
2, %	Wood Working
2	Other, specify
occupation Control Resolution Control Resolu	None of the above
other, specify	
otal Number of Months Worked	Fixed Unit: months

Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Occupational History

Total Number of Years Worked	Fixed Unit: years
Check if the pt left the total number of months/years blank	
Did you wear a respirator?	No
	Yes
	Unknown
	Pt Left Field Blank
Occupation	Airline Industry (pilot, flight attendant, and/or flight crew)
	Baking
	Batchering/Meat Packing
\mathcal{A}	Chemical or plastics
	manufacturing
	Coal Mining
	Cotton or jute processing
02 40	Duty involving exposure to
	ionizing radiation
65,01	Farming
1/2 50	Fire Fighting
	Flour, feed, or grain milling
(b), (c)	Foundry or steel milling
	Hard Rock Mining
00/4	Painting
	Sandblasting
IK W.	Welding
K ON	Wood Working
2/1,20,	Other, specify
2, 70	None of the above
Tother specify Total Number of Months Worked	
Total Number of Months Worked	Fixed Unit: months
)`	
Fotal Number of Years Worked	Fixed Unit: years

Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Occupational History

Check if the pt left the total number of months/years blanks	<u>'</u>
Did you wear a respirator?	No
	Yes
	Unknown
	Pt Left Field Blank
	- N
Occupation	Airline Industry (plot flight
	attendant, and/or flight crew)
	Baking
	Butclering/Meat Packing
	hemical or plastics
	manufacturing
	Coal Mining
	Cotton or jute processing
	Duty involving exposure to
. C	ionizing radiation
4	Farming
,0	Fire Fighting
	Flour, feed, or grain milling
65,0	Foundry or steel milling
	Hard Rock Mining
If other, specify	Painting
	Condblasting
	Sandblasting
09/2	Welding
	Wood Working
IL WI	Other, specify
(C, '-W')	None of the above
fother, specify	
otal Number of Months Worked	Fixed Unit: month
otal Number of Wolldis Worked	Pixed Unit. mond.
oral Number of Years Worked	Fixed Unit: year
) `	
Theck if the pt left the total number of months/years black	ank
Pid you wear a respirator?	No
Dia you wear a respirator:	

Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Occupational History

	Yes
	Unknown
	Pt Left Field Blank
Occupation	Airline Industry (pilot, flight
	attendant, and/or flight crew)
	Baking
	Butchering Meat Packing
	Chemical or plastics manufacturing
	Coal Mining
	Cotton or jute processing
	Duty involving exposure to
	ionizing radiation
	Farming
	Fire Fighting
4	Flour, feed, or grain milling
,0,	Foundry or steel milling
SISP	Hard Rock Mining
(5),0	Painting
	Sandblasting
	Welding
	Wood Working
2 7	Other, specify
	None of the above
If other, specify The specific and the s	
Total Number of Months Worked	Fixed Unit: months
·// CO,	
Total Number of Years Worked	Fixed Unit: years
- 0-	
Check if the pt left the total number of months/years b	lank
Chesk if the pt left the total number of months/years b. Did you wear a respirator?	No C
	Yes
	Unknown

Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Occupational History

	Pt Left Field Blank
Occupation	Airline Industry (pilot, flight
	attendant, and/or flight crew)
	Baking
	Butchering/Meat Packing
	Chemical or plastics
	manufacturing
	Coal Mining
	Cotton of jute processing
	Duty involving exposure to
	ionizing radiation
1	Farming
, ~	Fire Fighting
	Flour, feed, or grain milling
0/2/1/	Foundry or steel milling
	Hard Rock Mining
	Painting
	Sandhlastina
62, 04	Sandblasting
	Welding
	Wood Working
	Other, specify
	None of the above
If other, specify	
Total Number of Months Worked	Fixed Unit: months
To the Carlotte of the Carlott	771 1 X X 11
Total Number of Years Worked	Fixed Unit: years
Check if the pt left the total number of months/years blank	
Did you wear a respirator?	No
× ,	Yes
`	Unknown
	Pt Left Field Blank
	Tt Left Field Blallk

Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Occupational History

Occupation	Airline Industry (pilot, flight
	attendant, and/or flight crew)
	Baking
	Butchering/Meat Packing
	Chemical or plastics
	manufacturing
	Coal Mining
	Cotton or jute processing
	Duty involving exposure to
	ionixing radiation
	Farming
	Fire Fighting
4	Flour, feed, or grain milling
\mathcal{A}	Foundry or steel milling
	Hard Rock Mining
	Painting
	Sandblasting
02 40	Welding
10,00	Wood Working
65'04	Other, specify
If other, specify	None of the above
	TVOILE OF the above
Total Number of Months Worked	Fixed Unit: months
5 1	
Total Number of Years Worked	Fixed Unit: years
IK MI	
Check it the pt left the total number of months/years blank	
Did you wear a respirator?	No O
61.0	Yes
	Unknown
	Pt Left Field Blank
^ '	Ft Left Field Blaffk
O	

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Occupational Exposure History

5 Please any occupational exposure that you may have	<u>e had</u>
Check if patient left Q5 blank	
Occupation	Asbestos
	Burn Pits
	Chemicals/Acids/Solvents
	Coal Tar/Asphalt
	Diesel Engine Exhaust
	Dyes
	Explosives
	Formaldehyde
	Gasoline Exhaust
	Jet Fuel
4	Pesticides/Herbicides (agent
	orange)
200	Radioactive Materials
0, 9	Sandstorms
CO P	Smoke
·65,0°	Textile Fibers/Dust
	Well Water
0,140	Wood Dust
	Other, specify
If other specify 20	None of the above
If other, specify	
Number of Months Exposed	Fixed Unit: months
W. Soll	
Number of Year Exposed	Fixed Unit: years
5,70	
Check if the pt left the total number of months/ years blank	
Indicate the amount of exposure you had	Continuously
) ·	Regularly
	Occasionaly
	Pt Left Field Blank

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Occupational Exposure History

Indicate the effect of the exposure	Not Noticeable
	Mild
	Moderate
	Severe
	Pt Left Field Blank
Occupation	Asbestos
Occupation	Burn Pits
	Coal Tar/Asphalt
If other, specify	Diesel Engine Exhaust
	Dyes
•	Explosives
70	Formaldehyde
΄Ο,	Gasoline Exhaust
1 m	Jet Fuel
	Pesticides/Herbicides (agent
69, OK	orange)
112	Radioactive Materials
	Sandstorms
(b) (c)	Smoke
	Textile Fibers/Dust
00/12	Well Water
	Wood Dust
IL WA	Other, specify
AK ON'	None of the above
If other, specify	
Number of Months Exposed	Fixed Unit: months
- 02	
Namber of Years Exposed	Fixed Unit: years
0`	·
Check if the pt left the total number of months/ years blan	nk
Indicate the amount of exposure you had	Continuously
	,0

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Occupational Exposure History

•	
	Regularly
	Occasionaly
	Pt Left Field Blank
ndicate the effect of the exposure	Not Noticeable
	Mild
	Moderate
	Severe
	Pt Len Field Blank
	<u> </u>
Occupation	Asbestos
	Burn Pits
	Chemicals/Acids/Solvents
	Coal Tar/Asphalt
	Diesel Engine Exhaust
	Dyes
0F	Explosives
	Formaldehyde
62,0	Gasoline Exhaust
	Jet Fuel
ccupation CCUpation	Pesticides/Herbicides (agent
	orange)
5010	Radioactive Materials Sandstorms
8	Smoke
Kright	Textile Fibers/Dust
L. Williams	Well Water
(_O\)	Wood Dust
3, 70	Other, specify
	None of the above
other, specify	
umber of Months Exposed	Fixed Unit: month
	
Tumber of Years Exposed	Fixed Unit: year
1	

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Occupational Exposure History

Check if the pt left the total number of months/ years bla	-
ndicate the amount of exposure you had	Continuously
	Regularly
	Occasionaly
	Pt Left Field Blank
ndicate the effect of the exposure	Not Noticeable
	Mild
	Moderate
	Severe
	Pt Left Field Blank
ccupation	Asbestos
	Burn Pits
	Chemicals/Acids/Solvents
, O	Coal Tar/Asphalt
	Diesel Engine Exhaust
	Dyes
65.0	Explosives
	Formaldehyde
ON'O'	Gasoline Exhaust
	Jet Fuel
50-10	Pesticides/Herbicides (agent
8	orange)
, 2 V , NV	Radioactive Materials
C II MIS	Sandstorms
(\varphi - 0);	Smoke Textile Fibers/Dust
かして	Well Water
	Wood Dust
X ~	Other, specify
	None of the above
ccupation CCUpation	TVOIC OF the above
other, specify	Fixed Unit: month
unidei of iviolitis exdosed	rixea Unii: monin

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Occupational Exposure History

Number of Years Exposed	Fixed Unit: years
Check if the pt left the total number of months/ years blank	
Indicate the amount of exposure you had	Continuously
	Regularly
	Occasionaly
	Pt Left Field Blank
Indicate the effect of the exposure	Not Noticeable
	Mild
	Moderate
	Severe
-1	Pt Left Field Blank
Occupation	Asbestos
	Burn Pits
02 40	Chemicals/Acids/Solvents
	Coal Tar/Asphalt
65,01	Diesel Engine Exhaust
	Dyes
	Explosives
	Formaldehyde
S	Gasoline Exhaust
S LA	Jet Fuel
i Quality	Pesticides/Herbicides (agent
C I Me	orange)
XV-0/4	Radioactive Materials
Occupation Occupation Occupation Occupation Occupation	Sandstorms
- 0	Smoke O
	Textile Fibers/Dust Well Water
<u>`</u>	
	Wood Dust
	Other, specify None of the above
	Notice of the above

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Occupational Exposure History

If other, specify	
Number of Months Exposed	Fixed Unit: months
Number of Years Exposed	Fixed Unit: years
Check if the pt left the total number of months/ years blank	
Indicate the amount of exposure you had	Continuously
• •	Regularly
	Occasionaly
	Pt Left Field Blank
Indicate the effect of the exposure	Not Noticeable
	Mild
	Moderate
	Severe
,0,0)	Pt Left Field Blank
0,0	
Occupation	Asbestos
5,0	Burn Pits
	Chemicals/Acids/Solvents
O. M.O.	Coal Tar/Asphalt
	Diesel Engine Exhaust
5.40	Dyes
	Explosives
Occupation St. P. S. L. C. S.	Formaldehyde
	Gasoline Exhaust
	Jet Fuel
	Pesticides/Herbicides (agent orange)
- 2-	Radioactive Materials
	Sandstorms
	Smoke
	Textile Fibers/Dust
	Well Water

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Occupational Exposure History

	Wood Dust
	Other, specify
	None of the above
If other, specify	
Number of Months Exposed	Fixed Unit: pronths
Number of Years Exposed	Fixed Unit: years
Check if the pt left the total number of months/ years blank	
Indicate the amount of exposure you had	Continuously
	Regularly
7	Occasionaly
	Pt Left Field Blank
Indicate the effect of the exposure	Not Noticeable
	Mild
Indicate the effect of the exposure	Moderate
	Severe
65.0K	Pt Left Field Blank
Occupation	Asbestos
	Burn Pits
5.20	Chemicals/Acids/Solvents
	Coal Tar/Asphalt
IK WILL	Diesel Engine Exhaust
K, ON	Dyes
	Explosives
2, 70	Formaldehyde
	Gasoline Exhaust
	Jet Fuel
0`	Pesticides/Herbicides (agent
	orange) Radioactive Materials
	Sandstorms

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Occupational Exposure History

	Smoke
	Textile Fibers/Dust
	Well Water
	Wood Dust
	Other, specify
	None of the above
If other, specify	
Number of Months Exposed	Fixed Unit: months
Number of Years Exposed	Fixed Unit: years
Check if the pt left the total number of months/ years blank	4
Indicate the amount of exposure you had	Continuously
	Regularly
,0,0,	Occasionaly
02 420	Pt Left Field Blank
Indicate the effect of the exposure	Not Noticeable
Indicate the effect of the exposure	Mild
	Moderate
	Severe
	Pt Left Field Blank
<u> </u>	<u></u>
Occupation	Asbestos
	Burn Pits
Occupation	Chemicals/Acids/Solvents
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Coal Tar/Asphalt
51,0	Diesel Engine Exhaust
- 0	Dyes
- P	Explosives
	Formaldehyde
	Gasoline Exhaust
	Jet Fuel
	\cup

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Occupational Exposure History

	Pesticides/Herbicides (agent
	orange)
	Radioactive Materials
	Sandstorms
	Smoke
	Textile Fibers/Dust
	Well Water
	Wood Dust
	Other, specify
	None of the above
If other, specify	
Number of Months Exposed	Fixed Unit: months
\mathcal{A}	
Number of Years Exposed	Fixed Unit: years
Check if the pt left the total number of months/ years blank	
Indicate the amount of exposure you had	Continuously
	Regularly
65.0	Occasionaly
	Pt Left Field Blank
Indicate the effect of the exposure	Not Noticeable
indicate the effect of the exposure	Mild
	Moderate
Residence and content of the content and content of the content of	
.02	Severe
11 11/2	Pt Left Field Blank
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Occupation	Asbestos
	Burn Pits
	Chemicals/Acids/Solvents
	Coal Tar/Asphalt
O	Diesel Engine Exhaust
	Dyes
	Explosives

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Occupational Exposure History

	Formaldehyde
	Gasoline Exhaust
	Jet Fuel
	Pesticides/Herbicides (agent
	orange)
	Radioactive Materials
	Sandstorms
	8moke
	Textile Fibers/Dust
	Well Water
	Wood Dust
	Other, specify
	None of the above
If other, specify	1, 0, 0, 0
Number of Months Exposed	Fixed Unit: months
Number of Years Exposed	Fixed Unit: years
CO C	J mos cam yours
Check if the pt left the total number of nonths/ years bla	nk
Indicate the amount of exposure you had	Continuously
0.190	Regularly
	Occasionaly
60 10	Pt Left Field Blank
Indicate the effect of the exposure	Not Noticeable
II WA	Mild
KE OMIT	Moderate
	Severe
2/0	Pt Left Field Blank
, ()	
Occupation	Asbestos
\mathcal{J}	Burn Pits
•	Chemicals/Acids/Solvents
	Coal Tar/Asphalt
	·

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Occupational Exposure History

•	
	Diesel Engine Exhaust
	Dyes
	Explosives
	Formaldehyde
	Gasoline Exhaust
	Jet Fuel
	Pesticides/Herbicides (agent
	orange) Radioactive Materials
	Sandstorms
	Smoke
	Well Water
	Wood Dust
<i>A</i> ²	Well Water Wood Dust Other, specify
	None of the above
If other, specify	
Number of Months Exposed	Fixed Unit: months
65,0	
Number of Years Exposed	Fixed Unit: years
Check if the pt left the total number of months/ years blank	
Indicate the amount of exposure you nad	Continuously
	Regularly
IK "WILL	Occasionaly
K ON!	Pt Left Field Blank
Indicate the effect of the exposure	Not Noticeable
2,10	Mild
- 0-	Moderate
~ `	Severe
) ·	Pt Left Field Blank
Occupation	Asbestos
Draft 18 0 version 1 0 MICPROD	

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Occupational Exposure History

	Burn Pits
	Chemicals/Acids/Solvents
	Coal Tar/Asphalt
	Diesel Engine Exhaust
	Dyes
	Explosives
	Formaldehyde
	Gasoline Exhaust
	Jet Fuel
	Pesticides/Herbicides (agent
	orange)
	Radioactive Materials
	Sandstorms
4	Smoke
	Textile Fibers/Dust
2	Well Water
0 5	Wood Dust
CIO 2	Other, specify
65,0	orange) Radioactive Materials Sandstorms Smoke Textile Fibers/Dust Well Water Wood Dust Other, specify None of the above
If other, specify	
Number of Months Exposed	Fixed Unit: months
Number of Years Exposed	Fixed Unit: years
8	
Check if the prefit the total number of months/ years blank	
Indicate the amount of exposure you had	Continuously
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Regularly
5	Occasionaly
	Pt Left Field Blank
Indicate the effect of the exposure	Not Noticeable
indicate the effect of the exposure	Mild
	Moderate
•	
	Severe

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Occupational Exposure History

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	Pt Left Field Blank
Occupation	Asbestos
	Burn Pits
	Chemicals/Acids/Solvents
	Coal Tar/Asphalt
	Diesel Engine Exhaust
	Dyes
	Explosives
	Formaldehyde
	Gasoline Exhaust
	Jet Fuel
	Pesticides/Herbicides (agent
	orange) Radioactive Materials
	Sandstorms
A 6	Smoke
	Textile Fibers/Dust
f other, specify	Well Water
	Wood Dust
ON, O	Other, specify
	None of the above
f other, specify	7.000 32 000 000 00
Number of Months Exposed	Fixed Unit: months
Number of Months Exposed	Fixed Unit. months
Number of Years Exposed	Fixed Unit: years
	,
Check if the pt left the total number of months/ years blank	
ndicate the amount of exposure you had	Continuously
\'	Regularly
) `	Occasionaly
_	Pt Left Field Blank
ndicate the effect of the exposure	Not Noticeable
Oraft 18.0 version 1.0 MIGPROD	64 of 444

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Form: Pt Questionnaire: Occupational Exposure History

	Mild
	Moderate
	Severe
	Pt Left Field Blank
Occupation	Asbestos
Secupation	Burn Pits
	Chemicals/Acids/Solvents
	, , , ,
	Diesel Engine Exhaust
	Dyes
. 1	Explosives
	Formaldehyde
	Gasoline Exhaust
,0,0)	Jet Fuel
02 42	Pesticides/Herbicides (agent
10,00	orange)
65	Radioactive Materials
119.50	Sandstorms
	Smoke
	Textile Fibers/Dust
SO 10 v	Well Water
0	Wood Dust
.02	Other, specify None of the above
Tother, Meeify	None of the above
Jumber of Months Exposed	Fixed Unit: month
Lund Of View France d	Eined Heitenson
Sumber of Years Exposed	Fixed Unit: year
Check if the pt left the total number of months/ years blank	
	Continuoralis
ndicate the amount of exposure you had	Continuously
	Regularly

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Occupational Exposure History

	Occasionaly
	Pt Left Field Blank
Indicate the effect of the exposure	Not Noticeable
	Mild
	Moderate
	Severe
	Pt Left Field Blank
	141
Occupation	Asbestos
	Burn Pits
	Chemicals/Acids/Solvents
	Coal Tar/Asphalt
	Diesel Engine Exhaust
	Dyes
	Explosives
	Formaldehyde
	Gasoline Exhaust
65, 0	Jet Fuel
	Pesticides/Herbicides (agent
	orange)
	Radioactive Materials
5000	Sandstorms
8 4	Smoke
12 M	Textile Fibers/Dust
	Well Water
1 - O	Wood Dust Other, specify
510	None of the above
Occupation To other specify	None of the above
f other specify	T' AII-'s and
Number of Months Exposed	Fixed Unit: months
Number of Years Exposed	Fixed Unit: years

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Occupational Exposure History

Check if the pt left the total number of months/ years blar	nk
Indicate the amount of exposure you had	Continuously
	Regularly
	Occasionaly
	Pt Left Field Blank
ndicate the effect of the exposure	Not Noticeable
	Mild
	Moderate
	Severe
	Pt Left Field Blank
Occupation	Asbestos
	Burn Pits
	Chemicals/Acids/Solvents
, O	Coal Tar/Asphalt
	Diesel Engine Exhaust
	Dyes
65,00	Explosives
	Formaldehyde
	Gasoline Exhaust
	Jet Fuel
5010	Pesticides/Herbicides (agent
8 4	orange) Caractive Materials
Right	Sandstorms
.C. W	Smoke
11×0	Textile Fibers/Dust
5 70	Well Water
- OX	Wood Dust
X *	Other, specify
Decupation Decupation Decupation OF THE PRINTER	None of the above
f other, specify	
Number of Months Exposed	Fixed Unit: months

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Occupational Exposure History

Number of Years Exposed	Fixed Unit: years
Check if the pt left the total number of months/ years blank	
Indicate the amount of exposure you had	Continuously
indicate and amount of exposure you had	Regularly
	Occasionaly
	Pt Left Field Blank
ndicate the effect of the exposure	Not Noticeable O
•	Mild
	Moderate
	Severe
	Pt Left Field Blank
Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation	
Occupation	Asbestos
	Burn Pits
	Chemicals/Acids/Solvents
	Coal Tar/Asphalt
co. Ox	Diesel Engine Exhaust
	Dyes
	Explosives
	Formaldehyde
5010	Gasoline Exhaust
8 4	Jet Fuel
Krank	Pesticides/Herbicides (agent
.C. WI	orange) Radioactive Materials
1/1/20	Sandstorms
31,0	Smoke
	Textile Fibers/Dust
X Y Y Y Y Y Y Y Y Y Y	Well Water
),	Wood Dust
	Other, specify
	None of the above
	()

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Occupational Exposure History

If other, specify	
Number of Months Exposed	Fixed Unit: months
Number of Years Exposed	Fixed Unit: years
Check if the pt left the total number of months/ years blank	<u> </u>
Indicate the amount of exposure you had	Continuously
-	Regularly
	Occasionaly
	Pt Left Field Blank
Indicate the effect of the exposure	Not Noticeable
	Mild
	Moderate
	Severe
	Pt Left Field Blank
0,0	2
Occupation	Asbestos
,55,0	Burn Pits
	Chemicals/Acids/Solvents
0,196	Coal Tar/Asphalt
	Diesel Engine Exhaust
9.40	Dyes
Occupation Shape S	Explosives
	Formaldehyde Casalina Enhant
	Gasoline Exhaust Jet Fuel
	Pesticides/Herbicides (agent
2,70	orange)
- , Q-v	Radioactive Materials
~ `	Sandstorms
\mathcal{S}	Smoke
	Textile Fibers/Dust
	Well Water

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Occupational Exposure History

_	
	Wood Dust
	Other, specify
	None of the above
If other, specify	
Number of Months Exposed	Fixed Unit: pronths
Number of Years Exposed	Fixed Unit: years
	'M'
Check if the pt left the total number of months/ years blank	
Indicate the amount of exposure you had	Continuously
	Regularly
	Occasionaly
	Pt Left Field Blank
Indicate the effect of the exposure	Not Noticeable
,0,0	Mild
02 420	Moderate
	Severe
65,04	Pt Left Field Blank
Occupation	Asbestos
	Burn Pits
5010	Chemicals/Acids/Solvents
8 4	Coal Tar/Asphalt
R. M.	Diesel Engine Exhaust
.C. W	Dyes
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Explosives
51,0	Formaldehyde
- 0	Gasoline Exhaust
XX	Jet Fuel
7	Pesticides/Herbicides (agent
	orange)
	Radioactive Materials
	Sandstorms

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Occupational Exposure History

	Smoke
	Textile Fibers/Dust
	Well Water
	Wood Dust
	Other, specify
	None of the above
If other, specify	
Number of Months Exposed	Fixed Unit: months
Number of Years Exposed	Fixed Unit: years
Check if the pt left the total number of months/ years blank	4.
Indicate the amount of exposure you had	Continuously
	Regularly
	Occasionaly
	Pt Left Field Blank
Indicate the effect of the exposure	Not Noticeable
anis for	Mild
	Moderate
	Severe
	Pt Left Field Blank
9 1	
Occupation	Asbestos
Occupation	Burn Pits
ik, all	Chemicals/Acids/Solvents
1/V O'	Coal Tar/Asphalt
5,70	Diesel Engine Exhaust
- , PX	Dyes
of Par	Explosives
O`	Formaldehyde
	Gasoline Exhaust
	Jet Fuel
	<u> </u>

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Occupational Exposure History

	Pesticides/Herbicides (agent
	orange)
	Radioactive Materials
	Sandstorms
	Smoke
	Textile Fibers/Dust
	WollWater
	Wood Dust
	Other, specify
	None of the above
If other, specify	
Number of Months Exposed	Fixed Unit: months
Number of Years Exposed	Fixed Unit: years
0,	<i>W</i>
Check if the pt left the total number of months/ years blank	
Indicate the amount of exposure you had	Continuously
	Regularly
65,0	Occasionaly
MISSFOR	Pt Left Field Blank
Indicate the effect of the exposure	Not Noticeable
	Mild
25.77	Moderate
	Severe
Indicate the effect of the exposure	Pt Left Field Blank
AK ON	<u>_</u>
2.10	
0`	

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Medical History- Conditions and Illnesses

6 What is your current weight?	Fixed Unit: lbs
Check if pt left Q6 blank	
How tall are you?	
	Fixed Unit: feet
	Fixed Unit: niches
	'M'
Check if pt left Q7 blank	
Please check if your doctor has every told you t	hat you have the listed conditions or illnesses
Check if pt left Q8 blank	
	1 /
Conditions, Illnesses	Asbestosis
	Asthma - first diagnosed as a
	child
4	Asthma - first diagnosed as an adult
	Bronchiectasis
	Chronic Bronchitis
(S) (O)	Chronic Obstructive Pulmonary
	Disease
	Diabetes
	Emphysema
Soll	Fibrosis of the Lung
	Heart Disease or Heart Attack
iki Mi	High Blood Pressure
	(Hypertension) HIV infection
(_CO\\	Hodgkins Disease
31,0	Pneumonia
Conditions, Illnesses Conditions, Illnesses	Fineumonia Somoidosia
X \	
	Silicosis
	Stroke Tub and size (TD)
	Tuberculosis (TB)
	None of the above

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Medical History- Conditions and Illnesses

If checked, provide your age when the doctor first told you that you	Fixed Unit: years old
had this illness	
Check if the pt left the age blank	
Conditions, Illnesses	Asbestosis
	Asthma - first diagnosed as a child
	Asthma - first diagnosed as an adult
	Bronchiectasis
	Chronic Bronchitis
4	Chronic Obstructive Pulmonary
\prec	Disease
	Diabetes
0/1/	Emphysema
2000	Fibrosis of the Lung
	Heart Disease or Heart Attack
	High Blood Pressure (Hypertension)
,53,0	HIV infection
	Hodgkins Disease
18/10	Pneumonia
	Sarcoidosis
25.7	Silicosis
	Stroke
IK WI	Tuberculosis (TB)
If checked, provide your age when the doctor first told you that you	None of the above
in the cked, provide your age when the doctor hist told you that you	Fixed Unit: years old
had this illness	
Check if the pt left the age blank	
<u> </u>	
Conditions, Illnesses	Asbestosis
	Asthma - first diagnosed as a child
	Ciliu

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Medical History- Conditions and Illnesses

	Asthma - first diagnosed as an
	adult
	Bronchiectasis
	Chronic Bronchitis
	Chronic Obstructive Pulmonary Disease
	Diabetes
	Emphysema
	Fibrosis of the Lung
	Heart Disease or Heart Attack
	- Migh Blood Pressure
	(Hypertension)
4	HIV infection
SION ONLY R	Hodgkins Disease
	Pneumonia
	Sarcoidosis
	Silicosis
	Stroke
	Tuberculosis (TB)
65.0	None of the above
If checked, provide your age when the doctor first told you that you	Fixed Unit: years old
had this illness	
Check if the pt left the age blank	
- S (1)	
Conditions, Threeses	Asbestosis
	Asthma - first diagnosed as a
XX O/Z	child
6,0	Asthma - first diagnosed as an
	adult Bronchiectasis
	Chronic Bronchitis
	Chronic Obstructive Pulmonary
\circ	Disease
	Diabetes
	Emphysema
	\mathcal{L}

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Medical History- Conditions and Illnesses

	Fibrosis of the Lung
	Heart Disease or Heart Attack
	High Blood Pressure
	(Hypertension)
	HIV infection
	Hodgkins Disease
	Pnetanonia
	Sarcoidosis
	Silicosis
	Stroke
	Tuberculosis (TB)
	None of the above
f checked, provide your age when the doctor fir	rst told you that you Fixed Unit: years old
nad this illness	
	OF IP
Check if the pt left the age blank	<u>, 0, %,</u>
Conditions, Illnesses	Achaetagia
Conditions, finiesses	Asbestosis
	Asthma - first diagnosed as a child
	Asthma - first diagnosed as an
	adult
	Bronchiectasis
2 7	Chronic Bronchitis
	Chronic Obstructive Pulmonary
IK WILL	Disease Diabetes
	Emphysema
\\\^\c\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Fibrosis of the Lung
Conditions, Illnesses	Heart Disease or Heart Attack
. 0	High Blood Pressure
*	(Hypertension)
ST PL	HIV infection
)	Hodgkins Disease
	Pneumonia
	Sarcoidosis

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Medical History- Conditions and Illnesses

Silicosis
Stroke
Tuberculosis (TB)
None of the above
Fixed Unit: years old
7.3.
W
ĆŲ.
Asbestosis
Asbestosis Asthma first diagnosed as a child Asthma first diagnosed as an adult Bronchiectasis Chronic Bronchitis Chronic Obstructive Pulmonary Disease Diabetes Emphysema Fibrosis of the Lung Heart Disease or Heart Attack High Blood Pressure (Hypertension) HIV infection Hodgkins Disease Pneumonia Sarcoidosis Silicosis Stroke Tuberculosis (TB) None of the above Fixed Unit: years old
Asthma - first diagnosed as an
adult
Bronchiectasis
Chronic Bronchitis
Chronic Obstructive Pulmonary Disease
Diabetes
Emphysema
Fibrosis of the Lung
Heart Disease or Heart Attack
High Blood Pressure
(Hypertension)
HIV infection
Hodgkins Disease
Pneumonia
Sarcoidosis
Silicosis
Stroke
Tuberculosis (TB)
None of the above
Fixed Unit: years old

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Medical History- Conditions and Illnesses

Check if the pt left the age blank	
Conditions, Illnesses	Asbestosis
	Asthma - first diagnosed as a
	child
	Asthma - first diagnosed as an
	Bronchiectasis
	Chronic Bronchitis
	Chronic Obstructive Pulmonary
	Disease
	Diabetes
1	Emphysema
, ~	Fibrosis of the Lung
	Heart Disease or Heart Attack
0' 1'	High Blood Pressure (Hypertension)
4-0	HIV infection
0, 5	Hodgkins Disease
SIS	Pneumonia
5,0	Sarcoidosis
	Silicosis
1816	Stroke
	Tuberculosis (TB)
If checked, provide your age when the doctor first told you that you had this illness	None of the above
If checked, provide your are when the doctor first told you that you	ou Fixed Unit: years old
had this illness	
Y	
Check if the pt left the age blank	
Conditions, Illnesses	Asbestosis
	Asthma - first diagnosed as a
\mathcal{S}	Asthma - first diagnosed as an
-	adult
	Bronchiectasis

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Medical History- Conditions and Illnesses

	Chronic Bronchitis
	Chronic Obstructive Pulmonary Disease
	Diabetes
	Emphysema
	Fibrosis of the Lung
	Heart Disease or Heart Attack
	High Blood Pressure
	(Rypertension)
	HIV infection
	Hodgkins Disease
	Pneumonia
1	Sarcoidosis
	Silicosis
ONLY	Stroke
U2 6	None of the above
If checked, provide your age when the doctor first told you that you	Fixed Unit: years old
If checked, provide your age when the doctor first told you that you had this illness	Fixed Unit: years old
had this illness	Fixed Unit: years old
	Fixed Unit: years old
Check if the pt left the age blank	Fixed Unit: years old
Check if the pt left the age blank	Fixed Unit: years old Asbestosis
Check if the pt left the age blank	Asbestosis Asthma - first diagnosed as a
Check if the pt left the age blank	Asbestosis
Check if the pt left the age blank	Asbestosis Asthma - first diagnosed as a child Asthma - first diagnosed as an adult
Check if the pt left the age blank	Asbestosis Asthma - first diagnosed as a child Asthma - first diagnosed as an adult Bronchiectasis
Check if the pt left the age blank	Asbestosis Asthma - first diagnosed as a child Asthma - first diagnosed as an adult Bronchiectasis Chronic Bronchitis
Check if the pt left the age blank Conditions, Illnesses	Asbestosis Asthma - first diagnosed as a child Asthma - first diagnosed as an adult Bronchiectasis
Check if the pt left the age blank Conditions, Illnesses	Asbestosis Asthma - first diagnosed as a child Asthma - first diagnosed as an adult Bronchiectasis Chronic Bronchitis Chronic Obstructive Pulmonary
Check if the pt left the age blank Conditions, Illnesses	Asbestosis Asthma - first diagnosed as a child Asthma - first diagnosed as an adult Bronchiectasis Chronic Bronchitis Chronic Obstructive Pulmonary Disease
Check if the pt left the age blank	Asbestosis Asthma - first diagnosed as a child Asthma - first diagnosed as an adult Bronchiectasis Chronic Bronchitis Chronic Obstructive Pulmonary Disease Diabetes

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Medical History- Conditions and Illnesses

	High Blood Pressure
	(Hypertension)
	HIV infection
	Hodgkins Disease
	Pneumonia
	Sarcoidosis
	Shicosis
	Stroke
	Tubersulosis (TB)
	None of the above
If checked, provide your age when the doctor first told you that you	Fixed Unit: years old
had this illness	
Check if the pt left the age blank	0
01,11	
Conditions, Illnesses	Asbestosis
Conditions, Illnesses	Asthma - first diagnosed as a
	child
65.0	Asthma - first diagnosed as an adult
	Bronchiectasis
	Chronic Bronchitis
	Chronic Obstructive Pulmonary
50-10	Disease
8 4	Diabetes
PUMP	Emphysema
	Fibrosis of the Lung
XV-0/4	Heart Disease or Heart Attack
6,0	High Blood Pressure (Hypertension)
	HIV infection
	Hodgkins Disease
	Pneumonia
\circ	Sarcoidosis
-	Silicosis
	Stroke

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Medical History- Conditions and Illnesses

	Tuberculosis (TB)
	None of the above
f checked, provide your age when the doctor first told you that you ad this illness	Fixed Unit: years ol
	10
Check if the pt left the age blank	7/7
-	
Conditions, Illnesses	Asbestosis
	Asthma - first diagnosed as a child
	Asthma - first diagnosed as an
	.11
1	Bronchiectasis
1/\'\	Chronic Bronchitis
OF IP	Chronic Obstructive Pulmonary Disease
,0,0,	Disease Diabetes C
02 40	Emphysema
	Fibrosis of the Lung
62,00	Heart Disease or Heart Attack
	High Blood Pressure
	(Hypertension)
	HIV infection
	Hodgkins Disease
00/12/	Pneumonia
	Sarcoidosis
II W.	Silicosis
K ON'	Stroke
	Tuberculosis (TB)
checked, provide your age when the doctor first told you that you	None of the above
checked, provide your age when the doctor first told you that you	Fixed Unit: years of
d this illness	
)	
heck if the pt left the age blank	

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Medical History- Conditions and Illnesses

Conditions, Illnesses	Asbestosis
	Asthma - first diagnosed as a
	child Asthma - first diagnosed as an
	adult
	Bronchiectasis
	Chronic Bronchitis
	Chronic Obstructive Rulmonary
	Disease Diabetes O
	Emphysema
	Fibrosis of the Lung
	Heart Disease or Heart Attack
7	High Blood Pressure
	(Hypertension)
	HIV infection Hodgkins Disease
	Pneumonia
	Sarcoidosis
	Silicosis
,50	Stroke
	Tuberculosis (TB)
IBMISSION ONLY	None of the above
If checked, provide your age when the doctor first told you that you	Fixed Unit: years old
had this illness	
Check if the pt left the age blank	
Y	
Conditions, Ilmesses	Asbestosis
	Asthma - first diagnosed as a child
	Asthma - first diagnosed as an
	adult
$oldsymbol{\circ}$	Bronchiectasis
-	Chronic Bronchitis
	Chronic Obstructive Pulmonary Disease

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Medical History- Conditions and Illnesses

	Diabetes
	Emphysema
	Fibrosis of the Lung
	Heart Disease or Heart Attack
	High Blood Pressure
	(Hypertension)
	HIV infection Hodgkins Disease
	Pheumonia
	Sarcoidosis
	Silicosis
	Stroke (TD)
	Tuberculosis (TB) None of the above
	7,72
f checked, provide your age when the doctor first ad this illness	t told you that you Fixed Unit: years old
and this inness	200
07	<u> </u>
Check if the pt left the age blank	200
Check if the pt left the age blank	3
Check if the pt left the age blank	Asbestosis
Check if the pt left the age blank	Asthma - first diagnosed as a
Check if the pt left the age blank	Asthma - first diagnosed as a child
Check if the pt left the age blank	Asthma - first diagnosed as a child Asthma - first diagnosed as an adult
Check if the pt left the age blank	Asthma - first diagnosed as a child Asthma - first diagnosed as an adult Bronchiectasis
Check if the pt left the age blank	Asthma - first diagnosed as a child Asthma - first diagnosed as an adult Bronchiectasis Chronic Bronchitis
Check if the pt left the age blank	Asthma - first diagnosed as a child Asthma - first diagnosed as an adult Bronchiectasis Chronic Bronchitis Chronic Obstructive Pulmonary
Check if the pt left the age blank	Asthma - first diagnosed as a child Asthma - first diagnosed as an adult Bronchiectasis Chronic Bronchitis Chronic Obstructive Pulmonary Disease
Check if the pt left the age blank Conditions, Illnesses	Asthma - first diagnosed as a child Asthma - first diagnosed as an adult Bronchiectasis Chronic Bronchitis Chronic Obstructive Pulmonary Disease Diabetes
Check if the pt left the age blank Conditions, Illnesses	Asthma - first diagnosed as a child Asthma - first diagnosed as an adult Bronchiectasis Chronic Bronchitis Chronic Obstructive Pulmonary Disease
Check if the pt left the age blank Conditions, Illnesses	Asthma - first diagnosed as a child Asthma - first diagnosed as an adult Bronchiectasis Chronic Bronchitis Chronic Obstructive Pulmonary Disease Diabetes Emphysema
Check if the pt left the age blank Conditions, Illnesses	Asthma - first diagnosed as a child Asthma - first diagnosed as an adult Bronchiectasis Chronic Bronchitis Chronic Obstructive Pulmonary Disease Diabetes Emphysema Fibrosis of the Lung
Check if the pt left the age blank Conditions, Illnesses	Asthma - first diagnosed as a child Asthma - first diagnosed as an adult Bronchiectasis Chronic Bronchitis Chronic Obstructive Pulmonary Disease Diabetes Emphysema Fibrosis of the Lung Heart Disease or Heart Attack High Blood Pressure (Hypertension)
Check if the pt left the age blank	Asthma - first diagnosed as a child Asthma - first diagnosed as an adult Bronchiectasis Chronic Bronchitis Chronic Obstructive Pulmonary Disease Diabetes Emphysema Fibrosis of the Lung Heart Disease or Heart Attack High Blood Pressure (Hypertension) HIV infection
Check if the pt left the age blank Conditions, Illnesses	Asthma - first diagnosed as a child Asthma - first diagnosed as an adult Bronchiectasis Chronic Bronchitis Chronic Obstructive Pulmonary Disease Diabetes Emphysema Fibrosis of the Lung Heart Disease or Heart Attack High Blood Pressure (Hypertension)

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Medical History- Conditions and Illnesses

	Pneumonia
	Sarcoidosis
	Silicosis
	Stroke
	Tuberculosis (TB)
	None of the above
If checked, provide your age when the doctor first told you that you had this illness	Fixed Unit: years old
Check if the pt left the age blank	
Conditions, Illnesses	Asbestosis
Conditions, Illnesses Conditions, Illnesses Conditions, Illnesses	Asthma - first diagnosed as a child
	Asthma - first diagnosed as an
	adult Bronchiectasis
	Chronic Bronchitis
	Chronic Obstructive Pulmonary
55,0	Disease
	Diabetes
	Emphysema
	Fibrosis of the Lung
5 1	Heart Disease or Heart Attack
	High Blood Pressure
Krinks	(Hypertension) HIV infection
.C. Jan	Hodgkins Disease
(\\^c\)	Pneumonia Pneumonia
51,0	Sarcoidosis
- 0	Silicosis
X	Strolo
	Stroke
	Tuberculosis (TB)
	None of the above

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Medical History- Conditions and Illnesses

If checked, provide your age when the doctor first told you that you	Fixed Unit: years old
had this illness	
Check if the pt left the age blank	
	<u> </u>
Conditions, Illnesses	Asbestosis
	Asthma - first diagnosed as a child
	Asthma - first diagnosed as an
	adult Bronchiectasis
	Character Base at 1341
4	Chronic Obstructive Pulmonary
\mathcal{A}	Disease
4/20	Diabetes
0,1/4	Emphysema
4.00	Fibrosis of the Lung Heart Disease or Heart Attack
,0, 2	High Blood Pressure
65	(Hypertension)
1/50/0	HIV infection
	Hodgkins Disease
	Pneumonia
S 10 v	Sarcoidosis
8	Silicosis Stroke
Profes	Tuberculosis (TB)
If checked, provide your age when the doctor first told you that you	None of the above
If checked, provide your age when the doctor first told you that you	Fixed Unit: years old
had this illness	Tinou cinin jours ora
Check if the pt left the age blank	
O .	
Conditions, Illnesses	Asbestosis
	Asthma - first diagnosed as a child
	Ciniu

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Medical History- Conditions and Illnesses

	Asthma - first diagnosed as an
	adult Bronchiectasis
	Chronic Bronchitis
	Chronic Obstructive Pulmonary
	Disease
	Diabetes
	Emphysema
	Fibrosis of the Lung
	Heart Disease or Heart Attack
	High Blood Pressure
	(Hypertension) HIV infection
	Hodgkins Disease
	Pneumonia
	HIV infection Hodgkins Disease Pneumonia Sarcoidosis Silicosis Stroke Tuberculosis (TB)
	Silicosis
	Stroke
	Tuberculosis (TB)
85.0	None of the above
If checked, provide your age when the doctor first to	old you that you Fixed Unit: years old
had this illness	
Check if the pt left the age blank	
00 4	
Conditions, Illnesses	Asbestosis
W ON	Asthma - first diagnosed as a
(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Asthma - first diagnosed as an
5,70	adult
2	Bronchiectasis
, Y ,	Chronic Bronchitis
	Chronic Obstructive Pulmonary
	Disease Diabetes O
	Emphysema
	1 ,

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Medical History- Conditions and Illnesses

	Fibrosis of the Lung
	Heart Disease or Heart Attack
	High Blood Pressure
	(Hypertension) HIV infection
	Hodgkins Disease
	Pneumonia
	Saccidosis
	Silicosis
	Stroke
	Tuberculosis (TB)
	None of the above
f checked, provide your age when the doctor fi	rst told you that you Fixed Unit: years old
and this illness	
	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Check if the pt left the age blank	<u> </u>
	7 6
Conditions, Illnesses	Asbestosis
cs.	Asthma - first diagnosed as a
	child
	Asthma - first diagnosed as an
	adult — Bronchiectasis
	Chronic Bronchitis
00/15	Chronic Obstructive Pulmonary
	Disease
II WA	Diabetes
	Emphysema
	Fibrosis of the Lung
Conditions, Illnesses	Heart Disease or Heart Attack
ST PEC	High Blood Pressure
~ `	(Hypertension)
) `	HIV infection
	Hodgkins Disease
	Pneumonia
	Sarcoidosis

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Medical History- Conditions and Illnesses

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Silicosis Stroke Tuberculosis (TB) None
Fixed

Fixe None of the above Fixed Unit: years

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Medical History- Cancer

Have any of the following blood relatives ever had lu	ing cancer?
Father	No
	Yes
	Unknown
	Not Applicable
	Pt Left Field Blank
Mother	No
	Yes
	Unknown
	Not Applicable
	Pt Left Field Blank
Brother(s), including half brothers	No
	Yes
0K	Unknown
$\langle O \rangle$	Not Applicable
	No Yes Unknown Not Applicable Pt Left Field Blank
Sister(s), including half sisters Children (biological)	No
62,04	Yes
	Unknown
	Not Applicable
	Pt Left Field Blank
Children (biological)	No
8 4	Yes
Krient Comments	Unknown
.C. M	Not Applicable
(\\\C_O\)	Pt Left Field Blank
Please check if your doctor has every told you that	you have any of the cancers listed below
Check if pt left Q10 blank	<u> </u>
*	
ancer	Bladder Cancer
7	Breast Cancer
	Cervical cancer

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Medical History- Cancer

-	
	Colon-Rectal Cancer
	Esophageal Cancer
	Kidney Cancer
	Larynx Cancer
	Lung cancer
	Mouth (Oral) Cancer
	Nasal Cancer
	Pancreatic Cancer
	Pharynx Cancer
	Stomach (Gastric) Cancer
	Thyroid Cancer
	Transition Cell Cancer
	Other Cancer, Specify
~~	Never diagnosed with cancer
other, specify	
checked, provide age at first diagnosis	Fixed Unit: years old
0,0	
heck if the pt left the age blank	
1/2 50	
ancer RANKENDELD	Bladder Cancer
· / / / /	Breast Cancer
S 10 v	Cervical cancer
0 12	Colon-Rectal Cancer
, Q-V , NV	Esophageal Cancer
" II " WIA	Kidney Cancer
XX 0/4	Larynx Cancer
3,70	Lung cancer
	Mouth (Oral) Cancer
/ / ·	Nasal Cancer
X P-V	Pancreatic Cancer
)	Pharynx Cancer
	Stomach (Gastric) Cancer
	Thyroid Cancer

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Medical History- Cancer

	Transition Cell Cancer
	Other Cancer, Specify
	Never diagnosed with cancer
If other, specify	
If checked, provide age at first diagnosis	Fixed Unit: years old
	.41.
Check if the pt left the age blank	
	10/1
Cancer	Bladder Cancer
	Breast Cancer
	Cervical cancer
	Colon-Rectal Cancer
•	Esophageal Cancer
70	Kidney Cancer
$\langle O \rangle$	Larynx Cancer
4	Lung cancer
0,0,	Mouth (Oral) Cancer
5° 0°	Nasal Cancer
112	Pancreatic Cancer
	Pharynx Cancer
(b) (A)	Stomach (Gastric) Cancer
S O	Thyroid Cancer
0 1	Transition Cell Cancer
0×10×	Other Cancer, Specify
If other, specify	Never diagnosed with cancer
If other, specify	
If checked, provide age at first diagnosis	Fixed Unit: years old
Check if the pt left the age blank	
	
Cancer	Bladder Cancer
	Breast Cancer
	Cervical cancer

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Medical History- Cancer

_	
	Colon-Rectal Cancer
	Esophageal Cancer
	Kidney Cancer
	Larynx Cancer
	Lung cancer
	Mouth (Oral) Cancer
	Nasal Cancer
	Pancreatic Cancer
	Pharynx Cancer
	Stomach (Gastric) Cancer
	Thyroid Cancer
	Transition Cell Cancer
	Other Cancer, Specify
27	Never diagnosed with cancer
other, specify	₩ <u></u>
checked, provide age at first diagnosis	Fixed Unit: years old
0,0	
Check if the pt left the age blank	
1/2 (
ancer Complete Comple	Bladder Cancer
	Breast Cancer
S) (D)	Cervical cancer
0	Colon-Rectal Cancer
.02	Esophageal Cancer
I Ma	Kidney Cancer
YK ON	Larynx Cancer
	Lung cancer
	Mouth (Oral) Cancer
75	Nasal Cancer
	Pancreatic Cancer
)	Pharynx Cancer
	Stamont (Cantria) Canana
	Stomach (Gastric) Cancer

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Medical History- Cancer

	Transition Cell Cancer
	Other Cancer, Specify
	Never diagnosed with cancer
If other, specify	
If checked, provide age at first diagnosis	Fixed Unit: years ad
	.41
Check if the pt left the age blank	
	10/1
Cancer	Bladder Cancer
	Breast Cancer
	Cervical cancer
	Colon-Rectal Cancer
•	Esophageal Cancer
70	Kidney Cancer
If other specify	Larynx Cancer
4	Lung cancer
0,0	Mouth (Oral) Cancer
6° 0'F	Nasal Cancer
112	Pancreatic Cancer
	Pharynx Cancer
(A), (A)	Stomach (Gastric) Cancer
\sim \sim	Thyroid Cancer
0 1	Transition Cell Cancer
.O.V _NV	Other Cancer, Specify
I'll Ma	Never diagnosed with cancer
If other, specify	
If checked, provide age at first diagnosis	Fixed Unit: years old
Check if the pt left the age blank	
Cancer	Bladder Cancer
•	Breast Cancer
	Cervical cancer

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Medical History- Cancer

_	
	Colon-Rectal Cancer
	Esophageal Cancer
	Kidney Cancer
	Larynx Cancer
	Lung cancer
	Mouth (Oral) Cancer
	Nasal Cancer
	Pancreatic Cancer
	Pharynx Cancer
	Stomach (Gastric) Cancer
	Thyroid Cancer
	Transition Cell Cancer
	Other Cancer, Specify
2	Never diagnosed with cancer
other, specify	₩
checked, provide age at first diagnosis	Fixed Unit: years old
10,0	·
heck if the pt left the age blank	
112	
ancer ROMNIE DO NOTE D	Bladder Cancer
	Breast Cancer
	Cervical cancer
00/12	Colon-Rectal Cancer
DV NV	Esophageal Cancer
I II WA	Kidney Cancer
XX ON	Larynx Cancer
3,0	Lung cancer
	Mouth (Oral) Cancer
X PV	Nasal Cancer
	Pancreatic Cancer
)	Pharynx Cancer
	Stomach (Gastric) Cancer
	Thyroid Cancer

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Medical History- Cancer

	Transition Cell Cancer
	Other Cancer, Specify
	Never diagnosed with cancer
If other, specify	
If checked, provide age at first diagnosis	Fixed Unit: years ad
	41.
Check if the pt left the age blank	
Cancer	Bladder Cancer
	Breast Cancer
	Cervical cancer
	Colon-Rectal Cancer
If other, specify	Esophageal Cancer
7	Kidney Cancer
, O,	Larynx Cancer
	Lung cancer
	Mouth (Oral) Cancer
65° 01°	Nasal Cancer
119.50	Pancreatic Cancer
	Pharynx Cancer
	Stomach (Gastric) Cancer
S 10 v	Thyroid Cancer
00/15	Transition Cell Cancer
000	Other Cancer, Specify
" II " WA.	Never diagnosed with cancer
If other, specify	
If checked, provide age at first diagnosis	Fixed Unit: years old
Check if the pt left the age blank	
7	-
Cancer	Bladder Cancer
-	Breast Cancer
	Cervical cancer

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Medical History- Cancer

_	
	Colon-Rectal Cancer
	Esophageal Cancer
	Kidney Cancer
	Larynx Cancer
	Lung cancer
	Mouth (Oral) Cancer
	Nasal Cancer
	Pancreatic Cancer
	Pharynx Cancer
	Stomach (Gastric) Cancer
	Thyroid Cancer
	Transition Cell Cancer
	Other Cancer, Specify
	Never diagnosed with cancer
other, specify	3)'
checked, provide age at first diagnosis	Fixed Unit: years old
10,00	
heck if the pt left the age blank	
1/2 ()	
ancer	Bladder Cancer
	Breast Cancer
60,00	Cervical cancer
00/12	Colon-Rectal Cancer
020	Esophageal Cancer
III WA	Kidney Cancer
XX ON	Larynx Cancer
3,0	Lung cancer
ancer RANNIE ROMANIE R	Mouth (Oral) Cancer
	Nasal Cancer
	Pancreatic Cancer
)	Pharynx Cancer
	Stomach (Gastric) Cancer

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Medical History- Cancer

	Transition Cell Cancer
	Other Cancer, Specify
	Never diagnosed with cancer
If other, specify	
If checked, provide age at first diagnosis	Fixed Unit: years old
	.41.
Check if the pt left the age blank	
	10/1
Cancer	Bladder Cancer
	Breast Cancer
	Cervical cancer
	Colon-Rectal Cancer
	Esophageal Cancer
7-	Kidney Cancer
\mathcal{O}	Larynx Cancer
4	Lung cancer
0,0	Mouth (Oral) Cancer
SIN	Nasal Cancer
1/2 1/0	Pancreatic Cancer
	Pharynx Cancer
(b), (b)	Stomach (Gastric) Cancer
	Thyroid Cancer
25/12	Transition Cell Cancer
	Other Cancer, Specify
If other specify	Never diagnosed with cancer
If other, specify	
If checked, provide age at first diagnosis	Fixed Unit: years old
Check if the pt left the age blank	
Cancer	Bladder Cancer
	Breast Cancer
	Cervical cancer

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Medical History- Cancer

	Colon-Rectal Cancer
	Esophageal Cancer
	Kidney Cancer
	Larynx Cancer
	Lung cancer
	Mouth (Oral) Cancer
	Nasal Cancer
	Pancreatic Cancer
	Pharynx Cancer
	Stomach (Gastric) Cancer
	Thyroid Cancer
	Transition Cell Cancer
	Other Cancer, Specify
7	Never diagnosed with cancer
f other, specify	
f checked, provide age at first diagnosis	Fixed Unit: years old
0,0	
Check if the pt left the age blank	
100	
Cancer SUBMILLANDED	Bladder Cancer
	Breast Cancer
SO 100	Cervical cancer
8	Colon-Rectal Cancer
.02	Esophageal Cancer
" II MA	Kidney Cancer
YK OB	Larynx Cancer
	Lung cancer
	Mouth (Oral) Cancer
	Nasal Cancer
7 2	Pancreatic Cancer
)	Pharynx Cancer
	Stomach (Gastric) Cancer
	Thyroid Cancer

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Medical History- Cancer

	Transition Cell Cancer
	Other Cancer, Specify
	Never diagnosed with cancer
If other, specify	
If checked, provide age at first diagnosis	Fixed Unit: years old
	.41.
Check if the pt left the age blank	
	10/1
Cancer	Bladder Cancer
	Breast Cancer
	Cervical cancer
	Colon-Rectal Cancer
	Esophageal Cancer
7-	Kidney Cancer
$\langle O \rangle$	Larynx Cancer
4	Lung cancer
0,0	Mouth (Oral) Cancer
5° 05	Nasal Cancer
10-10	Pancreatic Cancer
	Pharynx Cancer
(A), (A)	Stomach (Gastric) Cancer
co o	Thyroid Cancer
2	Transition Cell Cancer
OX W.	Other Cancer, Specify
If other, specify	Never diagnosed with cancer
If other, specify	
If checked, provide age at first diagnosis	Fixed Unit: years old
Check if the pt left the age blank	
Cancer	Bladder Cancer
	Breast Cancer
	Cervical cancer

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Medical History- Cancer

	Colon-Rectal Cancer
	Esophageal Cancer
	Kidney Cancer
	Larynx Cancer
	Lung cancer
	Mouth (Oral) Cancer
	Naval Cancer
	Pancreatic Cancer
	Pharynx Cancer
	Stomach (Gastric) Cancer
	Thyroid Cancer
. 1	Transition Cell Cancer
	Other Cancer, Specify
	Never diagnosed with cancer
If other, specify	
If checked, provide age at first diagnosis	Fixed Unit: years old
(), S	
Check if the pt left the age blank	
	Bladder Cancer
	Bladder Cancer Breast Cancer
	Breast Cancer
	Breast Cancer Cervical cancer
	Breast Cancer Cervical cancer Colon-Rectal Cancer
	Breast Cancer Cervical cancer Colon-Rectal Cancer Esophageal Cancer
	Breast Cancer Cervical cancer Colon-Rectal Cancer Esophageal Cancer Kidney Cancer
Cancer Ca	Breast Cancer Cervical cancer Colon-Rectal Cancer Esophageal Cancer Kidney Cancer Larynx Cancer
Cancer Ca	Breast Cancer Cervical cancer Colon-Rectal Cancer Esophageal Cancer Kidney Cancer Larynx Cancer Lung cancer
Cancer Ca	Breast Cancer Cervical cancer Colon-Rectal Cancer Esophageal Cancer Kidney Cancer Larynx Cancer Lung cancer Mouth (Oral) Cancer
Cancer Ca	Breast Cancer Cervical cancer Colon-Rectal Cancer Esophageal Cancer Kidney Cancer Larynx Cancer Lung cancer Mouth (Oral) Cancer Nasal Cancer
	Breast Cancer Cervical cancer Colon-Rectal Cancer Esophageal Cancer Kidney Cancer Larynx Cancer Lung cancer Mouth (Oral) Cancer Nasal Cancer Pancreatic Cancer

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Medical History- Cancer

	Transition Call Consen
	Transition Cell Cancer
	Other Cancer, Specify
	Never diagnosed with cancer
If other, specify	
If checked, provide age at first diagnosis	Fixed Unit: years and
ii checked, provide age at first diagnosis	Tixed oint. years did
Check if the pt left the age blank	
	$\mathcal{M}_{\mathcal{C}}$
	1 4.
	700
200	
\O`,	
Sign	
5	
0 4	
0-1	
11 16.	
W all	
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6	
1/2 \(\frac{1}{2}\)	
プ 人 `	
<u> </u>	
7	
•	
Draft 18.0 version 1.0 MIGPROD	Fixed Unit: years of

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Symptom History: Cough, Shortness of Breath, Exacerbations

Symptom History: Cough	
11 Do you usually have a cough?	No
11. Do you asaany nave a cough.	Yes
	Unknown
	Pt Left Field Blank
12 Do you usually cough as much as 4-6 times a day, 4 or more	No C
days out of the week?	Yes
	Unknown
	Pt Left Field Blank
13 Do you usually cough at all upon getting up, or first thing in the	
morning?	No Vac
	Yes
→ ~ ~	Unknown
	Pt Left Field Blank
14 Do you usually cough at all during the rest of the day or night	No
4-0	Yes
015	Unknown
	Pt Left Field Blank
15 Do you usually cough like this or most days for 3 consecutive	No
months or more during the year?	Yes
	Unknown
	Pt Left Field Blank
16 For how many years have you had this cough?	Fixed Unit: years
Check if pyleft Q16 blank	
Symptom History: Shortness of Breath	
17. Are you troubled by shortness of breath when hurrying on level	No
ground or walking up a slight hill?	Yes
	Unknown
	Pt Left Field Blank
18) - Do you have to walk slower than people of your age on level	No C
ground because of breathlessness?	Yes
	Unknown

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Symptom History: Cough, Shortness of Breath, Exacerbations

	Pt Left Field Blank
19 Do you ever have to stop for breath after walking about 100	No C
yards (or after a few minutes) on level ground?	Yes
	Unknown
	Pt Left Field Blank
20 Are you too breathless to leave the house or do you get	No
breathless upon dressing or undressing?	Yes
	Unknown
	Pt Deft Field Blank
21 For how many years have you experienced shortness of breath?	Fixed Unit: years
4	
Check if pt left Q21 blank	
Symptom History: Exacerbations	J
22 Over the past year, how many times did you require treatment	Fixed Unit: times
with oral steroids and/or antibiotics for a COPD exacerbation	
(defined as an increase in dyspnea, sputum production or sputum	
purulence)?	
- S	
Check if pt left Q22 blank	
23 Over the past year, how many of these COPD exacerbations required admission to the hospital?	Fixed Unit: admissions to hospital
required admission to the hospital?	caused by COPD exacerbations
SOLO	
Check if pt left 223 blank	
Check ii priotig25 ordina	
II WA.	
XX ON.	
2, 70	
Check if pt left 623 blank	

Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Symptom History: Phlegm and Alcohol History

Generated On: 09 Apr 2020 15:26:54

10FEB2020 (914)

Symptom History: Phlegm	
24 Do you usually bring up phlegm from your chest	No
	Yes
	Unknown
	Pt Left Field Blank
24a Do you usually bring up phlegm like this as much as twice a	N ₀ O
day, 4 or more days out of the week?	Yes
	Unknown
	Pt Left Field Blank
25 De verrous alle being on able on et all on getting on a Great	
25 Do you usually bring up phlegm at all on getting up, or first thing in the morning?	No O
tuning in the moning.	Yes
∀ ∠ ∀	Unknown
	Pt Left Field Blank
26 Do you usually bring up phlegm at all during the rest of the day	No
or at night?	Yes
	Unknown
	Pt Left Field Blank
If yes to any of the above (Q24, Q24a, Q25, Q26), answer the following two que the next section	uestions; if no to all, skip to
27 Do you bring up phlegra like this on most days for 3 consecutive	No
months or more during the year?	Yes
	Unknown
0 1	Pt Left Field Blank
28 For how many years have you had trouble with phlegm?	Fixed Unit: years
20. To how than y year take you had double with pinegin.	Tixed Cint. years
Check if pt left Q28 blank	
General Alcohol History	
29 Have you ever consumed alcoholic beverages?	No
2). The 30d ever consumed ancohome beverages.	Yes
	Unknown
	Pt Left Field Blank
	$\overline{}$
30 Do you presently drink alcoholic beverages?	No
	Yes
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Folder: Patient Completed Questionnaire

Form: Pt Questionnaire: Symptom History: Phlegm and Alcohol History

	Unknown
	Pt Left Field Blank
31 How long has it been since you last had an alcoholic drink	Less than 1 year
(wine, beer, liquor)?	1 year to 2 years
	More than 3 years
	Pt Left Field Blank
32 For how many years did you drink alcoholic beverages?	Fixed Unit: years
Check if pt left Q32 blank	
33 What was the usual number of drinks you had per week? (one	Fixed Unit: per week
drink means 1 beer or 1 glass or wine or 1 shot of liquor, record 0 if	
less than 1 drink per week)	
Check if pt left Q33 blank	\bigcirc
34 During the past 24 hours, how many drinks have you had?	Fixed Unit: within last 24 hours
400	
Check if pt left Q34 blank	
35 Provide your average alcohol consumption	
Check if pt left Q35 blank	
	Fixed Unit: drinks per week
	Fixed Unit: drinks in the last year
SUL	Fixed Offit. diffiks in the last year
	Fixed Unit: drinks in the last 3 years
The W.	
X ON.	
2.10	
- 2-	
SITECOMM	
\bigcirc .	

Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Smoking History Pt. 1

36 Current smoking status	Current Smoker (one puff in the
	last month)
	Former Smoker (not smoking for > or = 1 month(not even a puff))
	Never smoked
	Pt Left Field Blank
27 Pl	<u> </u>
37 Please indicate your current smoking habit	Never Smoked
	Former Smoker (not smoking for
	> or = 1 month(not even a puff)) Occasional smoker (< or = 6
	cigarette per week)
	Regular smoker ($>$ or $=$ 7
	cigarettes per week)
1	Pt Left Field Blank
38 Average # cigarettes per day	Fixed Unit: per day
Check if pt left Q38 blank	
39 Number of Years Smoking	Fixed Unit: years
SN Training of Touris Simoning	
Check if pt left Q39 blank	
40 How old were you the first time you EVER smoked even a pu of a cigarette?	ff Fixed Unit: years old
Check if pt left Q40 blank	
41 When you first started smoking a few cigarettes (between 2-10)	0), Not at all
how much did you feel dizzy?	A slight amount
IR MI	A moderate amount
	An intense amount
XV-0/	Don't Know
SITE COMMIT	Pt Left Field Blank
42 When you first started smoking a few cigarettes (between 2-10)	0), Not at all
how much did you feel a pleasureable rush or buzz?	A slight amount
0,	A moderate amount
	An intense amount
	Don't Know
	\cup

Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Smoking History Pt. 1

	Pt Left Field Blank
43 How old were you when you began smoking daily (at least one cigarette per day or more)?	Fixed Unit: years old
_	
Check if pt left Q43 blank	A
For the next questions, think about the time period when you smol	ked most
44 Think about the time you smoked the most. How many	Fixed Unity digarettes
cigarettes did you smoke per day?	IM
Check if pt left Q44 blank	
45 During the time that you smoked, how many different times in	Fixed Unit: times
your life did you go without smoking for THREE MONTHS or	
longer?	- (, '
Check if pt left Q45 blank)
46 Do you find it difficult not to smoke in places where it is	No
forbidden such as in church, at a library, or in a movie theater?	Yes
0, 5	Unknown
S	Pt Left Field Blank
47 Do you smoke MORE during the first hours after you woke up	When I first woke up
or during the rest of the day?	During the rest of the day
	Pt Left Field Blank
SITE COMMENDED	
IK WIN	
14 - OM	
50	
- 0-	
~ `	
O`	

Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Smoking History Pt. 2

48 How soon after you woke up in the morning did you smoke the	Within 5 minutes
first cigarette?	Within 6 to 14 minutes
	Within 15 to 29 minutes
	Within 30 minutes but less than 1
	hour Within 1 hour but less than 2
	hours
	Within 2 hours but less than 8
	hours More than 7 hours
	Pt Left Field Blank
49 Did you smoke even if you were so ill that you were in bed most	
of the day?	Yes
1	Unknown
	Pt Left Field Blank
50 When you smoked the most, how often did you inhale?	None of the Time
	Some of the Time
	All of the Time
SIS	Pt Left Field Blank
51 Which cigarette of the day did you hate to give up the most?	First one in the morning
	One later in the morning
	One at mid day
	One in the afternoon
0 1	One after work
	One in the evening
I II WAY	One late at night
VK OK	One before bedtime
51 Which cigarette of the day did you hate to give up the most?	Pt Left Field Blank
52 When you smoked the most, what was your usual brand of cigarettes?	
The next questions are about your usual brand of cigarette when	you were smoking the most
2a Was the type	Regular
	Lights
	Ultralights
	_

Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Smoking History Pt. 2

	Pt Left Field Blank
52b Was the flavor	Regular
	Menthol
	Pt Left Field Blank
52c Was the packing	Hard
	Soft
	Pt Left Field Blank
52d Were the cigarettes	Filtered
	Unfiltered
	Pt Left Field Blank
53 Have you ever switched to a low tar, low nicotine or ultralight	No
cigarette?	Yes Unknown
40	Unknown
0/1/1/2	Pt Left Field Blank
Complete the following 3 questions only if you answered yes to the l	naving switched to a low tar, low
nicotine, or ultralight cigarette	
54 How old were you when you switched?	Fixed Unit: years old
Check if pt left Q54 blank	
55 During the time that you were smoking low tar, low nicotine, or ultralight cigarettes, about how many organettes did you usually	Fixed Unit: per day
smoke per day?	
Check if pt left Q35 blank	
56 How many years TOTAL did you smoke low tar, low nicotine,	Fixed Unit: years
or ultrahght cigarettes?	
Check if pt left Q56 blank	
Chi Chi	
FOIOT P	
.70	

Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Smoking Cessation Generated On: 09 Apr 2020 15:26:54

The next question contains statements that smokers have said about quitting.			
57 Please indicate which statement best represents what you think right now	I enjoy smoking so much I will never consider quitting no matter what happens I never think about quitting but I might someday I rarely think about quitting and have no specific plans to quit I sometimes think about quitting but have no specific plans to quit I often think about quitting but have no specific plans to quit I plan to quit in the next 6 months I plan to quit in the next 30 days		
57a If you are planning to quit someday, did previous screenings with positive results play a role in your decision?			
Former Smokers Only	F. 4111.411		
58 - How old were you when you stopped smoking for good?	Fixed Unit: years old		
Check if pt left Q58 blank			
59 When was your last cigarette?	Less than 6 months ago		
O '	6 months to 1 year ago		
	1 year to 4 years ago		
	4 years to 10 years ago		

Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Smoking Cessation Generated On: 09 Apr 2020 15:26:54

	10 years to 15 years ago
	More than 15 years ago
	Pt Left Field Blank
Current Smokers Only	
60 How many time in the PAST YEAR have you quit smoking	Fixed Unit: times
for 24 hours or longer?	,41
Check if pt left Q60 blank	<u></u>
61 Since you started smoking, what was the LONGEST period of tin cigarettes at all?	ne that you were able not to smoke
Check if pt left Q61 blank	
1	Fixed Unit: hours
	Fixed Unit: days
A 500	Fixed Unit: weeks
65,02	Fixed Unit: years
All Participants	
62 Have you EVER smoked any other forms of tobacco?	No
	Yes
2 2	Unknown
	Pt Left Field Blank
63 Do you currently shoke any other forms of tobacco?	No
	Yes
	Pt Left Field Blank
64 Check/the form(s) of tobacco you did/do smoke	
Check if pt left Q64 blank	
Forms of Tobacco	Pipe
\mathcal{L}	Cigar
	Tiparillos
	Other

Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Smoking Cessation Generated On: 09 Apr 2020 15:26:54

Forms of Tobacco Pipe Cigar Tiparillos Other If other, specify Forms of Tobacco Pipe Cigar Tiparillos Other If other, specify Forms of Tobacco Pipe Cigar Tiparillos Other If other, specify Forms of Tobacco Pipe Cigar Tiparillos Other If other, specify	If other, specify			-	
Tiparillos Other If other, specify Forms of Tobacco Pipe Cigar Tiparillos Other Forms of Tobacco Pipe Cigar Tiparillos Other Other Other Other				-	
Tiparillos Other If other, specify Forms of Tobacco Pipe Cigar Tiparillos Other Forms of Tobacco Pipe Cigar Tiparillos Other Other Other Other	Forms of Tobacco				Pipe (
Tiparillos Other If other, specify Forms of Tobacco Pipe Cigar Tiparillos Other Forms of Tobacco Pipe Cigar Tiparillos Other Tiparillos Other Tiparillos Other					
Forms of Tobacco Pipe Cigar Tiparillos Other Forms of Tobacco Pipe Cigar Tiparillos Other Forms of Tobacco Other Cigar Tiparillos Other					
Forms of Tobacco Pipe Cigar Tiparillos Other Forms of Tobacco Pipe Cigar Tiparillos Other Other Other Other Tiparillos Other					
Forms of Tobacco Pipe Cigar Tiparillos Other Forms of Tobacco Pipe Cigar Tiparillos Other Other Other Tiparillos Other					Office
Forms of Tobacco Pipe Cigar Tiparillos Other	If other, specify				
Forms of Tobacco Pipe Cigar Tiparillos Other					1/4.
Forms of Tobacco Pipe Cigar Tiparillos Other Other	Forms of Tobacco			C	Pipe
Forms of Tobacco Pipe Cigar Tiparillos Other				\sim	Cigar
Forms of Tobacco Pipe Cigar Tiparillos Other					Tiparillos
Forms of Tobacco Pipe Cigar Tiparillos Other			_1	4	Other
Forms of Tobacco Pipe Cigar Tiparillos Other	If other specify			\mathcal{C}^{\vee}	
Cigar Tiparillos Other	If outer, speerly		√√ √		
Cigar Tiparillos Other	Forms of Toleron		Θ , \sim		Din . C
Tiparillos Other	FORMS OF TODACCO	4	· ~O		
Other		.0	5		
		C	2		
If other, specify State of the control of the cont		.65,0			Other
STECOMMENDE	If other, specify	- W- K			
SIECONNENDE		2/4/0			
SIFECONNIEND					
SITE COMME	S				
SIECONNIE	0	K			
SIRECONNE	.0~\\				
SIRCOM	III VIIA	•			
SIRCO	XV ON.				
STATE OF THE PROPERTY OF THE P					
STREET	2.00				
	- 02				
O'	X				
	0,				

Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Secondhand Smoke Generated On: 09 Apr 2020 15:26:54

The following questions are about exposure to other people's smoking hand smoke	ng, otherwise known as second
65 Have you EVER lived with someone who smoked in your home?	No Yes
	Unknown Pt Left Field Rlank
66 Do you currently live with someone who smokes in your home?	No Yes Unknown Pt Left Field Blank
67 Not including yourself, how many people smoke(d) in your home?	Fixed Unit: people
Check if pt left Q67 blank)
68 Have you EVER worked in a place where you were exposed to other people's smoking?	No Yes Unknown Pt Left Field Blank
69 Do you currently work in a place where you are exposed to other people's smoking?	No Yes Unknown Pt Left Field Blank
70 Not including yourself, how many people smoke(d) at the place that you worked?	Fixed Unit: other smoker(s)
Check if pt left QV0 blank	
71. Thinking about all of the times that you may have been exposed to other peoples smoking, about how many years in total would you say that you have been exposed to second hand smoke?	Fixed Unit: years
Check if pt left Q71 blank	

Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Demography Generated On: 09 Apr 2020 15:26:54

72 Indicate the highest grade or level of schooling completed	8th grade or less
72. Indicate the highest grade of level of schooling completed	9-11th grade
	High school graduate or high
	school equivalency
	Post high school training, other
	than college (for example,
	Vocational/technical school) Associate degree/some college
	Bachelors degree
	Graduate or Professional School
	Other, specify
	Unknown/I prefer not to answer
	Pt Left Field Blank
73 Indicate your marital status	Never Married
	Married or living as married
0,0	Widowed
200	Separated
10, 2	Divorced
SIST	Unknown/I prefer not to answer
73 Indicate your marital status	Pt Left Field Blank
4 Indicate nousehold income(select one which most closely	Less than \$8,000 per year
lescribes the TOTAL average yearly gross income for your	\$8,000 to 14,999 per year
ousehold)	\$15,000 to \$24,999 per year
23/20	\$25,000 to \$34,999 per year
	\$35,000 to \$49,999 per year
cousehold)	\$50,000 to \$64,999 per year
XV ON.	\$65,000 to \$79,999 per year
	\$80,000 to \$100,000 per year
2, %	>\$100,000 per year
· 2×	Unknown/I prefer not to answer
~ `	Pt Left Field Blank
75 Including yourself, how many people are supported by the	
income listed above?	
Check if pt left Q75 blank	

Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Conclusion Generated On: 09 Apr 2020 15:26:54

76 Did you require any assistance completing this questionnaire?	No
	Yes
	Pt Left Field Blank
76a Indicate the person who assisted you	ACRIN-DECAMP Staff Member
	Family
	Unknown/I prefer not to answer
	Pt Left Field Blank
	Other
77 Specify the method used to complete this questionnaire	At my appointment
	By mail
	By telephone
4	Unknown/I prefer not to answer
	Other
OK. II	Pt Left Field Blank
78 Comments	
Date Participant Completed Questionnaire	Fixed Unit: MMM dd yyyy
Scanned copy of the completed Patient Questionnaire	
76b Extent of Assistance	Read items to me
SUBNIED OF ASSISTANCE	Marked items as I responded
	Other
9.4	Unknown/I prefer not to answer
	Pt Left Field Blank
If other, specifi	
Check all that apply	
76b. Extent of Assistance	Read items to me
2.00	Marked items as I responded
- 2-	Other
~ `	Unknown/I prefer not to answer
	Pt Left Field Blank
If other, specify	
Check all that apply	
	<u> </u>

Folder: Patient Completed Questionnaire Form: Pt Questionnaire: Conclusion Generated On: 09 Apr 2020 15:26:54

76b Extent of Assistance	Read items to me
	Marked items as I responded
	Other
	Unknown/I prefer not to answer
	Pt Left Field Blank
f other, specify	,41
Check all that apply	
6b Extent of Assistance	Real items to me
	Marked items as I responded
	Other
	Unknown/1 prefer not to answer
	Pt Left Field Blank
f other, specify	N O
Check all that apply	OF IF
	\$ 60
	2
65.0	1/2
80 00	
0	
00	
II MA	
XX ON.	
2.00	
Check all that apply Check all that apply Check all that apply	

Folder: Baseline Visit Form: Baseline Visit

Date of Baseline Visit	
Was the patient lung history questionnaire completed?	No
	Yes
	Unknown
Reason patient lung questionnaire was not completed	Patient Refused
	Questionnaire Not Distributed to
	Patient
	Site Error
	Questionnaire Lost
	Unknown
	Other, specify
(17	
Was physical exam performed?	No
	Yes
7,0	Unknown
Reason physical exam not performed	Patient Refused
2.00	Site error
0, 2	Unknown
SIR	Other, specify
Was the sputum instructions and sample collection kit distributed to	No C
the patient?	Yes
	Unknown
Reason sputum instructions and sample collection kit not distributed	Patient Refused
o patient	Site error
.07	Unknown
C. II MA	Other, specify
Date distributed to patient	
6,0	
<u> </u>	
) '	

Folder: Baseline Visit Form: Physical Exam

10FEB2020 (914)

Examination Date	Fixed Unit: MMM dd yyyy
Weight	kg lbs
Height	in
Pulse	Fixed Unit: bpm
Blood pressure	
Systolic	Fixed Unit: mmHg
Diastolic	Fixed Unit: mmHg
Temperature	
Respiratory Rate	Fixed Unit: breaths per minute
Body System/Site If other, specify	Head Neck Chest Heart Abdomen Musculoskeletal Neurologic Other, specify
If other, specify	
Body System	Abnormal
	Normal
	Not Examined
If abnormal, describe	
Body System/Site	Head
	Neck
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Folder: Baseline Visit Form: Physical Exam

•	
	Chest
	Heart
	Abdomen
	Musculoskeletal
	Neurologic
	Other, specify
f other, specify	
Body System	Abnormal
	Normal
f abnormal, describe	
abhormar, describe	
Body System/Site	Head
	Neck
	Chest
	Heart
	Abdomen
C	Musculoskeletal
,63	Neurologic
	Head Neck Chest Heart Abdomen Musculoskeletal Neurologic Other, specify
f other, specify	
Body System	Abnormal
5 4	Normal
	Not Examined
f abnormal, describe	
Body System/Site	Head
~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Neck
5,70	Chest
	Heart
STREET	Abdomen
) `	Musculoskeletal
	Neurologic
	Other, specify
	, 1

Folder: Baseline Visit Form: Physical Exam

10FEB2020 (914)

If other, specify	
Body System	Abnormal
	Normal
	Not Examined
If abnormal, describe	
Body System/Site	Head
	Neck
	Chest
	Heart
	Abdomen
	Musculoskeletal
	Neurologic
	Other, specify
If other, specify	
Body System	Abnormal
A	Normal
	Not Examined
If abnormal, describe	
Body System/Site	Head
0,10	Neck
	Chest
5 10	Heart
8	Abdomen
iki Mi	Musculoskeletal
.C. 1-0/11	Neurologic
(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Other, specify
If other, specify	
Body System	Abnormal
~	Normal
O`	Not Examined
If abnormal, describe	
Body System/Site	Head
Draft 18.0 version 1.0 MIGPROD	
DIAIL 10.0 VEISIUII 1.0 IVIIOFRUD	120 of 444

Folder: Baseline Visit Form: Physical Exam

_	
	Neck
	Chest
	Heart
	Abdomen
	Musculoskeletal
	Neurologic
	Other specify
If other, specify	
Body System	Abnormal
	Normal
	Not Examined
If abnormal, describe	
D. L. G /G::	7 7
Body System/Site	Head
	Neck
	Chest
	Heart
	Abdomen
	Musculoskeletal
	Neurologic
	Head Neck Neck Chest Abdomen Musculoskeletal Neurologic Other, specify
If other, specify	
Body System	Abnormal
0	Normal
000	Not Examined
11 11/10.	Not Examined
If abnormal, describe	
Body System/Site	Head
2, 70	Neck
ST PLY	Chest
< `	Heart
),	Abdomen
	Musculoskeletal
	Neurologic
	redrologic

Folder: Baseline Visit Form: Physical Exam

Other, specify
Abnormal
Normal
Not Examined
415
Head
Neck
Chest
Heart
Abdomen
Musculoskeletal
Musculoskeletal Neurologic
Other, specify
Abnormal
Normal
Not Examined
Head
Neck
Chest
Heart
Abdomen
Musculoskeletal
Neurologic
Other, specify
Abnormal
Normal
Not Examined

Folder: Baseline Visit

Form: Pulmonary Function Test/Spirometry

Was pulmonary function test performed?	No(
	Yes
Reason not performed	Patient Refused
	Site error
	Equipment Unavailable
	Unknown
	Other, specify
Indicate the timing of the PFT values provided on this page	Pre bronchodilator
	Post bronchodilator (preferred)
	Unknown
Date of Spirometry	Bixed Unit: MMM dd yyyy
7	
Upload a de-identified copy of the PFT	20,
FVC (L-BTPS)	Fixed Unit: actual
FVC	Fixed Unit: % predicted
FEV,	Fixed Unit: actual
FEV ₁	Fixed Unit: % predicted
FEV ₁ /FVC	Fixed Unit: actual
FEF 25-75%	Fixed Unit: actual
FEF 25-75%	Fixed Unit: predicted
Was full pulmonary function test performed?	No
	Yes
\mathcal{O}	Unknown

Folder: Baseline Visit

Form: Pulmonary Function Test/Spirometry Generated On: 09 Apr 2020 15:26:54

If full pulmonary test was not done, the following questions are not required

If full	pulmonary	test was de	one, the	following	questions are	required

	Date of full pulmonary test	
	Total Lung Capacity	Fixed Unit: actual
	Total Lung Capacity	Fixed Unit: % predicted
	Residual Lung Volume	Pixed Unit: actual
	Residual Lung Volume	Fixed Unit: % predicted
	D _{LCO}	Fixed Unit: actual
	D _{LCO}	Fixed Unit: % of predicted
¢ OR	Dico Dico OT PER OT	
	Droft 18 0 version 1 0 MICDDOD	

Folder: Baseline Visit Form: CT Imaging

Did CT commence?	No
	Ye
Reason imaging did not commence	Adverse Even
	Claustrophobi
	Equipment failure/erto
	Injection complication
	Other (specify additions
	information Participant refusa
	Unknow
Date of Imaging	
Dute of imaging	
	7 -4
	W'aCV
	OF IF
	0 0
	\$ 60
	2
cs) c	R
115510	58-
anis fo	52
IBMISSIPO IBMISSIPO	52
SUBMISSIFO	5
SUBMISSIFO	52
IRB NEWDED FO	5
LI REMIEM ED FO	5
TE PANIENDED FO	5
SITE COMMENDED FOR	5
Date of Imaging Strike Committee Co	5

Folder: Baseline Visit-Biospecimen Collection

Form: Bronchoscopy

Was bronchoscopy performed?	No
	Yes
	Unknown
Primary reason bronchoscopy not performed	Patient Refused
	Site error
	Missing equipment
	Unknown
	Other, specify
Indicate the timepoint the bronchoscopy was performed	Baseline Visit
	Surgery
	Other, specify
Date of Bronchoscopy	Fixed Unit: MMM dd yyyy
)*
Was a sedative given?	No
4000	Yes
05	Unknown
Route of administration	Intravenous
5,0,	Intramuscular
	Other, specify
Type used:	
Was a local anesthetic used	No
22/4	Yes
	Unknown
Type of local anesthetic	
	No
Was endobropelial issue obtained as part of the bronchoscopy?	Yes
	Unknown
Primary reason endobronchial tissue was not obtained	Site error
	Missing equipment
	Unknown
-	Adverse event
	Other, specify
	<u>_</u>

Folder: Baseline Visit-Biospecimen Collection

Form: Bronchoscopy

Were any adverse events that are considered possibly, probably, or	No()
definetly related to the study-related biospecimen collection	Yes
procedures reported?	Unknown
Site	right upper lobe (RUL)
	subsegmental carinas
	right middle lobe (RML)
	subsegmental carinas
	left upper tobe (LUL) subsegmental carinas
	Formalin-fixed Fresh-frozen
Check if collected	
Fluorescence ratio at biopsy site	, \
Check if fluorescence ratio not done	<u>*</u>
Date and Time Into Freezer	
Freezer Temp	Fixed Unit: °C
Did any freeze/thaw occur?	No
Zia any neeze anaw eccar.	\bigcup
62.0	Yes
	Unknown
Freeze/Thaw Comments	
Other Comments	
Site	right upper lobe (RUL)
	subsegmental carinas
	right middle lobe (RML)
	subsegmental carinas
	left upper lobe (LUL)
$ \times$ \wedge \wedge \wedge \wedge	subsegmental carinas
Site	Formalin-fixed
2,10	Fresh-frozen
Check if collected	
Fluorescence ratio at biopsy site	
Check if fluorescence ratio not done	
Date and Time Into Freezer	
Freezer Temp	Fixed Unit: °C

Folder: Baseline Visit-Biospecimen Collection

Form: Bronchoscopy

10FEB2020 (914)

Did any freeze/thaw occur?	No
	Yes
	Unknown
Freeze/Thaw Comments	X
Other Comments	
Site	right upper lobe (PNL)
	subsegmental carinas
	right middle lone (RML)
	subsegmental carinas
	left upper lobe (LUL) subsegmental carinas
	Formalin-fixed
	Fresh-frozen
Check if collected	
Fluorescence ratio at biopsy site	71.00
Check if fluorescence ratio not done	'.''
Date and Time Into Freezer	-0
Freezer Temp	Fixed Unit: °C
CIV D	,
Did any freeze/thaw occur?	No No
	Yes
	Unknown
Freeze/Thaw Comments	
Other Comments	
Site	might remove lobe (DIII.)
	right upper lobe (RUL) subsegmental carinas
CITE COMP	right middle lobe (RML)
XX OIA	subsegmental carinas
	left upper lobe (LUL)
2.10	subsegmental carinas
- 02	Formalin-fixed
*	Fresh-frozen
Check if collected	
Fluorescence ratio at biopsy site	
Check if fluorescence ratio not done	
Date and Time Into Freezer	
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Folder: Baseline Visit-Biospecimen Collection

Form: Bronchoscopy

Freezer Temp	Fixed Unit: °C
Did ony facers/thory occur?	N- C
Did any freeze/thaw occur?	No
	Yes
	Unknown
Freeze/Thaw Comments	
Other Comments	
Site	right upper tobe (RUL)
	subsegmental carinas
	right middle lobe (RML)
	subsegmental carinas
	left upper lobe (LUL)
	subsegmental carinas
	Formalin-fixed
7	Fresh-frozen
Check if collected	
Fluorescence ratio at biopsy site	
Check if fluorescence ratio not done	<u> </u>
Date and Time Into Freezer	
Freezer Temp	Fixed Unit: °C
Did any freeze/thaw occur?	No
	Yes
5	Unknown
	Clikilowii
Freeze/Thaw Comments	
Other Comments	
Site	right upper lobe (RUL)
	subsegmental carinas
200	right middle lobe (RML)
- 02	subsegmental carinas
X \	left upper lobe (LUL) subsegmental carinas
),	Formalin-fixed
	Fresh-frozen
Check if collected	

Folder: Baseline Visit-Biospecimen Collection

Form: Bronchoscopy

Generated On: 09 Apr 2020 15:26:54

Fluorescence ratio at biopsy site Check if fluorescence ratio not done Date and Time Into Freezer Freezer Temp Fixed Unit: Did any freeze/thaw occur?

Folder: Baseline Visit-Biospecimen Collection

Form: Blood Collection

10FEB2020 (914)

Generated On: 09 Apr 2020 15:26:54

Was blood collection performed?	No
	Yes
	Unknown
Reason blood collection not performed	Sample not collected
•	Collection tubes broken
	Patient Refusal
	Adverse Event
	Site error
	Other, specify
Date of Blood Collection	Fixed Unit: MMM dd yyyy
Time of blood collection	Fixed Unit: HH:mm
Were any adverse events that are considered possibly, probably, or	No
lefinetly related to the study-related biospecimen collection	Yes
procedures reported?	Unknown
Was plasma collection performed?	No
65.0	Yes
	Unknown
Were plasma samples processed and stored within 2 hours of blood	No
collection?	Yes
5.40	Unknown
Did plasma samples undergo centrifugation within 2 hours of blood	No
collection?	Yes
K ON	Unknown
Primary reason plasma collection was not performed	Sample not collected
200	Collection tubes broken
· ,	Patient Refusal
	Adverse Event
\mathcal{I}	Site error
	Other, specify
Was plasma collection performed per protocol?	No
Oraft 18.0 version 1.0 MIGPROD	131 of 44
	131 01 44

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Folder: Baseline Visit-Biospecimen Collection

Form: Blood Collection

Senerated On 07 Tipl 2020 Icizote I	
	Yes
	Unknown
Primary reason plasma collection was not performed per protocol	Collection Tube(s) broke
	Missing Materials
	Site error
	Storage not per protocol
	Other, specify
Vas buffy coat collection performed?	No
	Yes
	Unknown
Primary reason buffy coat collection was not performed	Sample not collected
4	Collection tubes broken
	Patient Refusal
Primary reason buffy coat collection was not performed	Adverse Event
	Site error
	Other, specify
Was buffy coat collection performed per protocol?	No
5,0	Yes
	Unknown
Primary reason buffy coat collection was not performed per	Collection Tube(s) broke
protocol	Missing Materials
	Site error
	Storage not per protocol
II. Whi.	Other, specify
Vas serum collection performed?	No
	Yes
	Unknown
Primary reason serum collection was not performed	Sample not collected
	Collection tubes broken
	Patient Refusal
	Adverse Event
	Site error

Folder: Baseline Visit-Biospecimen Collection

Form: Blood Collection

	Other, specify
Was serum collection performed per protocol?	No
	Yes
	Unknown
Primary reason serum collection was not performed per protocol	Collection Tube(s) broke
	Missing Materials
	Site error
	Storage not per protocol
	other, specify
Was PAX gene collection performed?	No
1	Yes
, 7	Unknown
Primary reason PAX genecollection was not performed	Sample not collected
0, 1,	Collection tubes broken
200	Patient Refusal
10,00	Adverse Event
	Site error
1,50	Other, specify
Was PAX gene collection performed per protocol?	No
	Yes
\sim \sim \sim	Unknown
Primary reason PAX gene collection was not performed per protocol	Collection Tube(s) broke
protecti	Missing Materials
C. M.	Site error
	Storage not per protocol
<u>S</u>	Other, specify
Was streek collection performed?	No
< '	Yes Unknown
Primary reason streck collection was not performed	Sample not collected
,	Collection tubes broken
	Patient Refusal

Folder: Baseline Visit-Biospecimen Collection

Form: Blood Collection

	Adverse Event
	Site error
	Other, specify
Vas streck collection performed per protocol?	No
	Xes
	Unknown
rimary reason streck collection was not performed per protoco	ol Collection Tube (s) broke
	Missing Materials
	Site error
	Storage not per protocol
	Other, specify
Vas PBMC collection performed?	No
	Yes
	Unknown
Primary reason PBMC collection was not performed per pro	ocol Collection Tube(s) broke
0 5	Missing Materials
SI P	Site error
(C) (O)	Storage not per protocol
	Other, specify
Was PBMC collection performed per protocol?	No
	Yes
00/12/	Unknown
.0-11	
ube Type	Purple Top Venous Blood
XX 0/2	Collection Tube Red Top Venous Blood
	Collection Tube
	PAXgene tube
/ / ·	Yellow Top Venous Blood
	Collection Tube Streck Tube
	Sueck Tube
Check if tube collected teason Tube Not Collected	Patient Refused

Folder: Baseline Visit-Biospecimen Collection

Form: Blood Collection

•	
	Adverse Event
	Site Error
	Unknown
	Other, specify
Tube Type	Purple Top Venous Blood
ruse Type	Collection Tube
	Red Top Venous Blood
	Collection Tube PANgene tube
	Yellow Top Venous Blood
	Collection Tube
	Streck Tube
Check if tube collected	
Reason Tube Not Collected	Patient Refused
	Adverse Event
	Site Error
4	Unknown
Tube Type Check if tube collected	Patient Refused Adverse Event Site Error Unknown Other, specify
Tube Type	Purple Top Venous Blood
,500	Collection Tube
	Red Top Venous Blood
8,77	Collection Tube PAXgene tube
60,00	Yellow Top Venous Blood
22/4/2	Collection Tube
	Streck Tube
Check if tube collected	
Reason Tabe Not Collected	Patient Refused
	Adverse Event
2, %	Site Error
• 02	Unknown
^	Other, specify
Type	Purple Top Venous Blood
Гиве Туре	Collection Tube
	Red Top Venous Blood
	Collection Tube

Folder: Baseline Visit-Biospecimen Collection

Form: Blood Collection

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	PAXgene tube
	Yellow Top Venous Blood
	Collection Tube
	Streck Tube
Check if tube collected	<u> </u>
Reason Tube Not Collected	Patient Refused
	Adverse Event
	Site Error
	Unknown
	Other, specify
	Other, specify
Гube Туре	Purple Top Venous Blood
	Collection Tube
	Red Top Venous Blood Collection Tube
	PAXgene tube
	Red Top Venous Blood Collection Tube PAXgene tube Yellow Top Venous Blood Collection Tube Streck Tube
	Collection Tube
	Streck Tube
Check if tube collected	
	Patient Refused
Reason Tube Not Collected	Adverse Event
	Site Error
	Unknown
60,00	Other, specify
	Other, specify
Tube Type	Purple Top Venous Blood
CLE COMM.	Collection Tube
W. W.	Red Top Venous Blood Collection Tube
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	PAXgene tube
5,0	
	Yellow Top Venous Blood Collection Tube
	Streck Tube
Chast if tube collected	
Check if tube collected Reason Tube Not Collected	Patient Refused
Cason Tube Not Conected	
	Adverse Event
	Site Error
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Folder: Baseline Visit-Biospecimen Collection

Form: Blood Collection

	Unknown
	Other, specify
Tube Type	Purple Top Venous Blood Collection Tube
	Red Top Venous Blood
	Collection Tube
	PAXgene tube
	Yellow Top Venous Blood
	Collection Tube Streck Tube
	Streck Tube
Check if tube collected	
Reason Tube Not Collected	Patient Refused
	Adverse Event
	Adverse Event Site Error Unknown Other, specify
	Unknown
	Other, specify
Tube Type	Purple Top Venous Blood
Tube Type	Collection Tube
	Red Top Venous Blood
65,0	Collection Tube
	PAXgene tube
	Yellow Top Venous Blood
	Collection Tube
	Streck Tube
Tube Type Check if tube collected	
Reason Tube Not Collected	Patient Refused
II WAY	Adverse Event
SIECOMM	Site Error
	Unknown
2,70	Other, specify
\mathcal{S}	

Folder: Baseline Visit-Biospecimen Collection Form: Blood Collection Aliquots- Required Generated On: 09 Apr 2020 15:26:54

Total # of Aliquots prepared from the Blood Collection	
If yes If all aliquots listed were put into the same freezer on the same/time and freezer temp in the fields below. Please leave	•
Did all of the listed aliquots go into the same freezer at the sa	nme No
date/time?	Aes C
	Unknown
Temperature of Freezer for All Aliquots	
Date/Time into Freezer for All Aliquots	
The below table is prefilled with the expected blood collection	
should reflect the actual samples processed/collected. The to total number of rows in the table. If PBMC preparation and	
details of the aliquots should not be recorded on this form	
Blood Collection Form and/or Buffy Coat Collection Form	
Collection Type	Plasma Collection
Collection Type	Plasma Conection
0,	Buffy Coat Collection
	Serum Collection
	PAX Gene
	PBMC
65,0	Streck
Check if collected	
Amount of aliquot in vial/tuba	Fixed Unit: mL
Date and Time into -20 Preezer	
Temperature of Free er	
Data and Time into -80° Freezer	
Did any freeze-thaw occur?	No No
XX OIA	Yes
Call Col	Unknown
9/0	$\overline{}$
Temperature of freezer	Fixed Unit: °C
Comments regarding freeze-thaw	
Other comments	_
Collection Type	Plasma Collection

Folder: Baseline Visit-Biospecimen Collection Form: Blood Collection Aliquots- Required Generated On: 09 Apr 2020 15:26:54

	Buffy Coat Collection
	Serum Collection
	PAX Gene
	РВМС
	Streck
Check if collected	
Amount of aliquot in vial/tube	Fixed Unit: mL
	, which
Date and Time into -20° Freezer	
Temperature of Freezer	
Data and Time into -80° Freezer	
Did any freeze-thaw occur?	No
	Yes
4,0	Unknown
Temperature of freezer	Fixed Unit: °C
200	
Comments regarding freeze-thaw	
Other comments	
Collection Type Collection Type	Plasma Collection
	Buffy Coat Collection
	Serum Collection
	PAX Gene
22/4	PBMC
	Streck
Ch. 1.33 II. 1	<u> </u>
Check if collected Amount of aliquot in vial/tube	Fixed Unit: mL
Amount ovaliquot in viai/tuoe	Fixed Unit: mL
5, 70	
Date and Time into -20° Freezer	
Temperature of Freezer	
Data and Time into -80° Freezer	
Did any freeze-thaw occur?	No O
	Yes
	Unknown

Folder: Baseline Visit-Biospecimen Collection Form: Blood Collection Aliquots- Required Generated On: 09 Apr 2020 15:26:54

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Temperature of freezer	Fixed Unit: °C
Comments regarding freeze-thaw	
Other comments	
Collection Type	Plasma Collection
	Buffy Coat Collection
	Serum Collection
	RAX Gene
	РВМС
	Streck
Check if collected	
Amount of aliquot in vial/tube	Fixed Unit: mL
Date and Time into -20° Freezer	<u> </u>
Temperature of Freezer	
Data and Time into -80° Freezer	.0
Did any freeze-thaw occur?	No
65'01	Yes
1150	Unknown
Temperature of freezer	Fixed Unit: °C
Comments regarding freeze-thaw	
Other comments	
Collection Type	Plasma Collection
" II WA	Buffy Coat Collection
CLE COMPA	Serum Collection
6 ()	PAX Gene
	РВМС
74	Streck
Check if collected	
Amount of aliquot in vial/tube	Fixed Unit: mL
Date and Time into -20° Freezer	
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Folder: Baseline Visit-Biospecimen Collection Form: Blood Collection Aliquots- Required Generated On: 09 Apr 2020 15:26:54

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Temperature of Freezer	
Data and Time into -80° Freezer	
Did any freeze-thaw occur?	No
	Yes
	Unknown
Temperature of freezer	Fixed Unit: °C
•	
Comments regarding freeze-thaw	
Other comments	
Collection Type	Plasma Collection
••	Buffy Coat Collection
	PAX Gene
	PBMC
	Streck
Check if collected	<u> </u>
Amount of aliquot in vial/tube	Fixed Unit: mL
62, Ox	
Date and Time into -20° Freezer	
Temperature of Freezer	
Data and Time into -80° Freezer	
Did any freeze-thaw occur?	No
23/4	Yes
	Unknown
Tammana tima di Sunazali	Fixed Unit: °C
Temperature of freezel	Fixed Unit: C
-\(\sigma_0\).	-
Comments regarding freeze-thaw	-
Other comments	-
Collection Type	Plasma Collection
	Buffy Coat Collection
\mathcal{S}	Serum Collection
•	PAX Gene
	РВМС
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Folder: Baseline Visit-Biospecimen Collection Form: Blood Collection Aliquots- Required Generated On: 09 Apr 2020 15:26:54

	Streck
Check if collected	
Amount of aliquot in vial/tube	Fixed Unit: mL
Date and Time into -20° Freezer	
Temperature of Freezer	- 21
Data and Time into -80° Freezer	
Did any freeze-thaw occur?	No
	Yes
	Unknown
Temperature of freezer	Fixed Unit: °C
Temperature of freezer	Tixed cint. C
Comments asserting for any thousand	7 (
Comments regarding freeze-thaw	V O'
Other comments	
Collection Type	Plasma Collection
	Buffy Coat Collection
	Serum Collection
60,00	PAX Gene
19.00	PBMC
Collection Type	Streck
Check if collected	
Amount of aliquot in viat/tube	Fixed Unit: mL
Amount of anquot intrastude	Fixed Offit. IIIL
Date and Time into -20° Freezer	
Temperature of Freezer	
Data and Time into 80° Freezer	
Did any freeze-thaw occur?	No
- ^×	Yes
*	Unknown
Temperature of freezer	Fixed Unit: °C
$\mathbf{\mathcal{G}}$	
Comments regarding freeze-thaw	
Other comments	

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Folder: Baseline Visit-Biospecimen Collection Form: Blood Collection Aliquots- Required Generated On: 09 Apr 2020 15:26:54

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Collection Type	Plasma Collection
	Buffy Coat Collection
	Serum Collection
	PAX Gene
	РВМС
	Sheck
Check if collected	
Amount of aliquot in vial/tube	Fixed Unit: mL
•	
Date and Time into -20° Freezer	
Temperature of Freezer	
Data and Time into -80° Freezer	1 /
Did any freeze-thaw occur?	No
•	Yes
\circ	Unknown
Temperature of freezer	Fixed Unit: °C
None positional of the control of th	
Comments regarding freeze-thaw	
Other comments	
Collection Type	Plasma Collection
	Buffy Coat Collection
Collection Type	Serum Collection
22/4	PAX Gene
	PBMC
IL WILL	Streck
	Succe
Check if collected	
Amount of aliquet in vial/tube	Fixed Unit: mL
- 0	
Date and Time into -20° Freezer	<u> </u>
Temperature of Freezer	<u> </u>
Data and Time into -80° Freezer	
Did any freeze-thaw occur?	No
	Yes
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	Unknown
Temperature of freezer	Fixed Unit: °C
Comments regarding freeze-thaw	
Other comments	
Collection Type	Plasma Cottection
	Buffy Coat Collection
	Serum Collection
	PAX Gene
	PBMC
	Streck
Check if collected	
Amount of aliquot in vial/tube	Fixed Unit: mL
	7,60
Date and Time into -20° Freezer	
Temperature of Freezer	
Data and Time into -80° Freezer	
Did any freeze-thaw occur?	No
	Yes
	Unknown
Temperature of freezer	Fixed Unit: °C
Comments regarding freeze-thaw	
Other comments	
Collection Type	Plasma Collection
, CO'	Buffy Coat Collection
5,0	Serum Collection
- 2	PAX Gene
*	РВМС
	Streck
Check if collected	
Amount of aliquot in vial/tube	Fixed Unit: mL

Folder: Baseline Visit-Biospecimen Collection Form: Blood Collection Aliquots- Required Generated On: 09 Apr 2020 15:26:54

Date and Time into -20° Freezer	
Temperature of Freezer	
Data and Time into -80° Freezer	
Did any freeze-thaw occur?	No
	Yes
	Unknown
Temperature of freezer	Rixed Unit: °C
Comments regarding freeze-thaw	
Other comments	
Collection Type	Plasma Collection
1	Buffy Coat Collection
	Serum Collection
	PAX Gene
0,0	РВМС
OK COU	Streck
Check if collected	
Amount of aliquot in vial/tube	Fixed Unit: mL
150	
Date and Time into -20° Freezer	
Temperature of Freezer	
Data and Time into -80° Preezer	
Did any freeze-thaw occur?	No
, Q_V _ NV	Yes
" II MA	Unknown
Temperature of freezer	Fixed Unit: °C
6,0	
Comments regarding freeze-thaw	
Other comments	
Collection Type	Plasma Collection
	Buffy Coat Collection
	Serum Collection
	PAX Gene

Folder: Baseline Visit-Biospecimen Collection Form: Blood Collection Aliquots- Required Generated On: 09 Apr 2020 15:26:54

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	PBMC
	Streck
Check if collected	
Amount of aliquot in vial/tube	Fixed Unit: mL
	A P
Date and Time into -20° Freezer	
Temperature of Freezer	
Data and Time into -80° Freezer	
Did any freeze-thaw occur?	No
	Yes
	Unknown
Temperature of freezer	Fixed Unit: °C
Temperature of neezer	C.
Comments regarding freeze-thaw	2
Other comments	
	N. C.II. C.
Collection Type	Plasma Collection
	Buffy Coat Collection
	Serum Collection
	PAX Gene
	PBMC
Collection Type Representation Type	Streck
Check if collected	
Amount of aliquet in vial/tube	Fixed Unit: mL
Date and Time into 20 Preezer	
Temperature of Freezer	
Pata and Time into -80° Freezer	
Did any freeze-thaw occur?	No
- 0-	Yes
~ `	Unknown
Tanananatura of françan	
Temperature of freezer	Fixed Unit: °C
Comments regarding freeze-thaw	
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Folder: Baseline Visit-Biospecimen Collection

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Folder: Baseline Visit-Biospecimen Collection Form: Blood Collection Aliquots- Buffy Coat

Collection Type	Plasma Collection
	Buffy Coat Collection
	Serum Collection
	PAX Gene
	РВМС
	Streck
Check if collected	
VIal/Tube Type	2nd cryovials
	mL cryovial
	15mL cryovial
	PAXgene Blood RNA tube
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
Temperature of Preezer	Pixed Offit. C
Did any freeze-thaw occur to the sample?	No
of c	Yes
	Unknown
Comments regarding freeze- thaw	
Other comment	
Collection Type	Plasma Collection
Collection Type Collection Type	Buffy Coat Collection
50	Serum Collection
8 4	PAX Gene
,27,117	PBMC
VII. WA	Streck
	Sticck
Check it collected	
vtal I ube I ype	2mL cryovials
· · ·	5mL cryovial
	15mL cryovial
\mathcal{S}_{-}	PAXgene Blood RNA tube
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C

Folder: Baseline Visit-Biospecimen Collection Form: Blood Collection Aliquots- Buffy Coat

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Did any freeze-thaw occur to the sample? No Yes Unknown Comments regarding freeze, thaw Other comment Collection Type Plasma Collection Buffy Coat Collection Serum Collection	Did any freeze-thaw occur to the sample?	No
Comments regarding freeze- thaw Other comment Collection Type Plasma Collection Buffy Coar Collection Section Collection PAX Gene PBMC Streck Check if collected Vial/Tube Type 2mL cryovials 5mL cryovial 15mL cryovial PAX gene Blood RNA tube Oute and Time into Freezer Temperature of Freezer Fixed Unit: "Collection Type Plasma Collection Buffy Coar Collection Buffy Coar Collection Buffy Coar Collection Serum Collection Serum Collection		Yes
Other comment Collection Type Plasma Collection Buffy Coat Collection Section Collection PAX Gene PBMC Streck Check if collected Vial/Tube Type 2mL cryovials 5mL cryovial 15mL cryovial PAXgene Blood RNA tube Oute and Time into Freezer Temperature of Freezer Fixed Unit: *C Unknown Comments regarding freeze, than Other comment Collection Type Plasma Collection Buffy Coat Collection Serum Collection Serum Collection		
Other comment Collection Type Plasma Collection Buffy Coat Collection Section Collection PAX Gene PBMC Streck Check if collected Vial/Tube Type 2mL cryovials 5mL cryovial 15mL cryovial PAXgene Blood RNA tube Oute and Time into Freezer Temperature of Freezer Fixed Unit: *C Unknown Comments regarding freeze, than Other comment Collection Type Plasma Collection Buffy Coat Collection Serum Collection Serum Collection	Comments regarding freeze- thaw	
Collection Type Plasma Collection Buffy Coat Sollection Sector Collection PAX Gene PBMC Streck Check if collected Vial/Tube Type 2mL cryovials SmL cryovial 15mL cryovial PAXgene Blood RNA tube Date and Time into Freezer Temperature of Freezer Fixed Unit: Collection Freezer Comments regarding freeze thaw Other comment Collection Type Plasma Collection Buffy Coat Collection Serum Collection Serum Collection		
Buffy Coat Softer Collection Serior Collection PAX Gene PBMC Streck Check if collected Vial/Tube Type 2mL cryovials 5mL cryovial 15mL cryovial PAXgene Blood RNA tube Date and Time into Freezer Temperature of Freezer Temperature		Plasma Collection
Section Collection PAX Gene PBMC Streck Check if collected Vial/Tube Type 2mL cryovials 5mL cryovial 15mL cryovial PAXgene Blood RNA tube Date and Time into Freezer Temperature of Freezer Temperature of Freezer Temperature of Freezer Temperature of Freezer Temperature of Freezer Fixed Unit: *C Unknown Comments regarding freeze thaw Other comment Collection Type Plasma Collection Buffy Coat Collection Serum Collection	concedion Type	
PAX Gene PBMC Streck Check if collected /Ial/Tube Type 2mL cryovials 5mL cryovial 15mL cryovial PAXgene Blood RNA tube Date and Time into Freezer Temperature of Freezer Fixed Unit: "C Oid any freeze-thaw occur to the sample? No Yes Unknown Comments regarding freeze, thaw Other comment Collection Type Plasma Collection Buffy Coat Collection Serum Collection Serum Collection		
PBMC Streck Check if collected //Ial/Tube Type 2mL cryovials 5mL cryovial 15mL cryovial PAXgene Blood RNA tube Date and Time into Freezer Temperature of Freezer Temperature of Freezer Temperature of Freezer Temperature of Freezer Temperature of Freezer Fixed Unit: "C Yes Unknown Comments regarding freeze thaw Other comment Collection Type Plasma Collection Buffy Coat Collection Serum Collection Serum Collection		
Check if collected Vial/Tube Type 2mL cryovials 5mL cryovial 15mL cryovial PAXgene Blood RNA tube Date and Time into Freezer Temperature of Freezer Fixed Unit: "Comments regarding freeze thaw Other comment Collection Type Plasma Collection Buffy Coat Collection Serum Collection Serum Collection		
Check if collected Vial/Tube Type 2mL cryovials 5mL cryovial 15mL cryovial PAXgene Blood RNA tube Date and Time into Freezer Temperature of Freezer Temperature of Freezer Temperature of Freezer Temperature of Freezer Fixed Unit: °C Vial Any freeze-thaw occur to the sample Other comments regarding freeze, thaw Other comment Collection Type Plasma Collection Buffy Coat Collection Serum Collection		
Vial/Tube Type 2mL cryovial 5mL cryovial 15mL cryovial PAXgene Blood RNA tube Date and Time into Freezer Temperature of Freezer Fixed Unit: 'C Oid any freeze-thaw occur to the sample? No Yes Unknown Comments regarding freeze thaw Other comment Collection Type Plasma Collection Buffy Coat Collection Serum Collection		Streck
Date and Time into Freezer Temperature of Freezer Did any freeze-thaw occur to the sample? No Yes Unknown Comments regarding freeze thaw Other comment Collection Type Plasma Collection Buffy Coat Collection Serum Collection		4 🗸
Date and Time into Freezer Temperature of Freezer Did any freeze-thaw occur to the sample? No Yes Unknown Comments regarding freeze thaw Dither comment Collection Type Plasma Collection Buffy Coat Collection Serum Collection	/Ial/Tube Type	2mL cryovials
Date and Time into Freezer Temperature of Freezer Did any freeze-thaw occur to the sample? No Yes Unknown Comments regarding freeze thaw Dither comment Collection Type Plasma Collection Buffy Coat Collection Serum Collection		5mL cryovial
Date and Time into Freezer Temperature of Freezer Did any freeze-thaw occur to the sample? No Yes Unknown Comments regarding freeze thaw Dither comment Collection Type Plasma Collection Buffy Coat Collection Serum Collection		15mL cryovial
Temperature of Freezer Did any freeze-thaw occur to the sample? No Yes Unknown Comments regarding freeze, thaw Other comment Collection Type Plasma Collection Buffy Coat Collection Serum Collection	CP 6	PAXgene Blood RNA tube
Did any freeze-thaw occur to the sample? No Yes Unknown Comments regarding freeze, thaw Other comment Collection Type Plasma Collection Buffy Coat Collection Serum Collection	Date and Time into Freezer	
Comments regarding freeze, thaw Other comment Collection Type Plasma Collection Buffy Coat Collection Serum Collection	Temperature of Freezer	Fixed Unit: °C
Comments regarding freeze, thaw Other comment Collection Type Plasma Collection Buffy Coat Collection Serum Collection		
Comments regarding freeze, thaw Other comment Collection Type Plasma Collection Buffy Coat Collection Serum Collection	Did any freeze-thaw occur to the sample?	No
Comments regarding freeze thaw Other comment Collection Type Plasma Collection Buffy Coat Collection Serum Collection		Yes
Collection Type Plasma Collection Buffy Coat Collection Serum Collection	5 10	Unknown
Other comment Collection Type Plasma Collection Buffy Coat Collection Serum Collection	Comments regarding freeze. Thaw	
Buffy Coat Collection Serum Collection		
Buffy Coat Collection Serum Collection	Collection Type	Plasma Collection
Serum Collection		
	9,0	
PAX Gene C		PAX Gene
PBMC	X	
Streck		
		Sueck
Check if collected		
VIal/Tube Type 2mL cryovials	Vial/Tube Type	2mL cryovials
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Folder: Baseline Visit-Biospecimen Collection Form: Blood Collection Aliquots- Buffy Coat

_	
	5mL cryovial
	15mL cryovial
	PAXgene Blood RNA tube
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: C
Did any freeze-thaw occur to the sample?	No
	Yes
	Unknown
Comments regarding freeze- thaw	
Other comment	
Collection Type	Plasma Collection
	Buffy Coat Collection
	Serum Collection
, O	PAX Gene
of c	РВМС
	Plasma Collection Buffy Coat Collection Serum Collection PAX Gene PBMC Streck
Check if collected	
VIal/Tube Type	2mL cryovials
	5mL cryovial
	15mL cryovial
VIal/Tube Type	PAXgene Blood RNA tube
Date and Time into Preezer	
Temperature of Freezer	Fixed Unit: °C
Did any freeze thaw occur to the sample?	No
5,70	Yes
- 0-	Unknown
Comments regarding freeze- thaw	
Other comment	
Collection Type	Plasma Collection
••	Buffy Coat Collection
	· · · · · · · · · · · · · · · · · · ·

Folder: Baseline Visit-Biospecimen Collection Form: Blood Collection Aliquots- Buffy Coat

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•	
	Serum Collection
	PAX Gene
	PBMC
	Streck
Check if collected	
VIal/Tube Type	2mL cryovials
Viai/Tube Type	5ml cryovial
	RAY CONTRACTOR
	PAXgene Rlood RNA tube
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
	7 6.
Did any freeze-thaw occur to the sample?	No
6P	Yes
, 0'	Unknown
Comments regarding freeze- thaw	O_{i}
Other comment	
Check if collected.	Plasma Collection
	Buffy Coat Collection
	Serum Collection
	PAX Gene
5 1	PBMC
8	Streck
Check if collected	<u> </u>
VIal/Tube/Type	2mL cryovials
(V)	5mL cryovial
6,0	15mL cryovial
	PAXgene Blood RNA tube
	Transporte Brook In VI tube
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
•	
Did any freeze-thaw occur to the sample?	No
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Comments regarding freeze- thaw Other comment The comment of the
Other comment Other
Other comment St. P. P. C. Committee Charles of the Comment of th
STELR SUBMENDED FOR SOURCE DOCUMENTE STELR SUBMENDED FOR SOURCE DOCUMENTE STELR SUBMENDED FOR SOURCE DOCUMENTE

Folder: Baseline Visit-Biospecimen Collection Form: Blood Collection Aliquots- PBMC Generated On: 09 Apr 2020 15:26:54

Date and Time of Start of PBMC Processing	Fixed Unit: MMM dd yyy HH:MM
PBMC count	Fixed Unit: 10 ⁶ cells/mL
Collection Type	Plasma Collection
· ·	Buffy Coat Collection
	Serum Collection
	AX Gene
	PBMC
	Streck
Check if collected	
VIal/Tube Type	2mL cryovials
	5mL cryovial
	15mL cryovial
	PAXgene Blood RNA tube
Number of Cells	
LTGO volume	
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
Did any freeze-thaw occur to the sample?	No No
60,00	Yes
OB JETT	Unknown
Comments regarding freeze-thaw	
Other comment	
Collection Type	Plasma Collection
2,10	Buffy Coat Collection
- OX	Serum Collection
*	PAX Gene
),	PBMC
	Streck
Check if collected	

Folder: Baseline Visit-Biospecimen Collection Form: Blood Collection Aliquots- PBMC Generated On: 09 Apr 2020 15:26:54

VIal/Tube Type	2mL cryovials
	5mL cryovial
	15mL cryovial
	PAXgene Blood RNA tube
Number of Cells	
LTGO volume	
Date and Time into Freezer	
Temperature of Freezer	tixed Unit: °C
Did any freeze-thaw occur to the sample?	No Yes Unknown
Comments regarding freeze- thaw	
Other comment	.0-
Collection Type	Plasma Collection Buffy Coat Collection Serum Collection PAX Gene
Check if collected	PBMC Streck
VIal/Tube Type	2mL cryovials 5mL cryovial 15mL cryovial
Number of Cells [CeC volume]	PAXgene Blood RNA tube
Date and Rime into Freezer	
Temperature of Freezer	Fixed Unit: °C
Did any freeze-thaw occur to the sample?	No Yes
	Unknown

Folder: Baseline Visit-Biospecimen Collection Form: Blood Collection Aliquots- PBMC Generated On: 09 Apr 2020 15:26:54

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Comments regarding freeze- thaw	
Other comment	
Collection Type	Plasma Collection
	Buffy Coat Collection
	Serum Collection
	PAX Oene
	PBMC
	Streck
Check if collected	
VIal/Tube Type	2mL cryovials
Viai/Tube Type	5mL cryovial
	15mL cryovial
	DAY and Diad DNA take
	PAXgene Blood RNA tube
Number of Cells	7.1/2
LTGO volume	
Date and Time into Freezer	<u> </u>
Temperature of Freezer	Fixed Unit: °C
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
Did any freeze-thaw occur to the sample?	No
oh, O,	Yes
	Unknown
Comments regarding freeze- thaw	
Other comment (
Collection Type	Plasma Collection
" I " WILL	Buffy Coat Collection
1/2-O/A	Serum Collection
6,0	PAX Gene
	PBMC
	Streck
Check if collected	
Vlal/Tube Type	2mL cryovials
, im 1 400 1 ypc	5mL cryovial
	15mL cryovial
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	PAXgene Blood RNA tub
Number of Cells	
LTGO volume	
Date and Time into Freezer	
Temperature of Freezer	Fixed Up
Did any freeze-thaw occur to the sample?	Ye Unknow
Comments regarding freeze- thaw	
Other comment	
MISSIONS	
Comments regarding freeze- thaw Other comment Other comment Other comment Other comment	

Folder: Baseline Visit-Biospecimen Collection

Form: Bronchial Airway Brushing Generated On: 09 Apr 2020 15:26:54

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	_
Was bronchial airway brushing performed?	No
	Yes
	Unknown
Primary reason not performed	Patient Refused
	Missing Materials
	Adverse Event
	Unknown
	Other, specify
ndicate the timepoint the bronchial airway brushing was performed	Baseline Visit
	Surgery
	Other, specify
Was bronchial airway brushing performed per protocol?	No
	Yes
0/1/2	Unknown
Primary reason not performed per protocol	Missing Materials
SMISSIONS	Site error
Cal -2	Adverse Event
55,0	Bronchoscopy not performed
	Unknown
	Other, specify
Date of bronchial airway Brishing	Fixed Unit: MMM dd yyyy
Were any adverse events that are considered possibly, probably, or	No
lefinetly related to the study-related biospecimen collection procedures reported?	Yes
nocedures reported	Unknown
Mpe .	Tube A
	Tube B
	Tube C
~	Tube D
Eppendorf tube containing	1mL of RNA protect Cell
	Reagent
	1mL of 1X PBS solution for proteomic analysis
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Folder: Baseline Visit-Biospecimen Collection

Form: Bronchial Airway Brushing Generated On: 09 Apr 2020 15:26:54

	1mL of 1X PBS solution for
	DNA extraction
	1mL of RNA protect Cell
	Reagent
Check if collected	
Date and Time into Freezer	<u> </u>
Temperature of Freezer	Fixed Unit: °C
D'1 a face de constate de constate	
Did any freeze-thaw occur to the sample?	No No
	Yes
	Unknown
Comments regarding freeze-thaw	
Other comments	
Type	Tube A
	Tube B Tube C Tube D
, O	Tube C
1 m	Tube D
Eppendorf tube containing Check if collected	
Eppendorf tube containing	1mL of RNA protect Cell Reagent
·62,0°	1mL of 1X PBS solution for
	proteomic analysis
	1mL of 1X PBS solution for
	DNA extraction
	1mL of RNA protect Cell
22/21	Reagent
Check if collected	
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Did any freeze-thaw occur to the sample?	No No
Did thy interestativ occur to the sumple.	
- 0-4	Yes
	Unknown
Comments regarding freeze-thaw	
Other comments	
Туре	Tube A
1)100	Tube A
- 4 4 0 0 · 4 0 1 M 0 P 0 P	
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Folder: Baseline Visit-Biospecimen Collection

Form: Bronchial Airway Brushing Generated On: 09 Apr 2020 15:26:54

	Tube B
	Tube C
	Tube D
Eppendorf tube containing	1mL of RNA protect Cell
	Reagent
	1mL of 1X PBS solution for
	proteomic analysis
	1mL of 1X PBS solution for
	DNA extraction 1mL of RNA protect Cell
	Reagent
Check if collected	Reagent
Date and Time into Freezer	
remperature of Freezer	Fixed Unit: °C
Did any freeze-thaw occur to the sample?	No
0	Yes
4	Unknown
0 0	Olikilowii
Comments regarding freeze-thaw	
Other comments	
Гуре	Tube A
	Tube B
	Tules C
	Tupe C.
	Tube C
SUNDI	Tube D
Eppendorf tube containing	Tube D 1mL of RNA protect Cell
	Tube D 1mL of RNA protect Cell Reagent
	1mL of RNA protect Cell Reagent 1mL of 1X PBS solution for
	1mL of RNA protect Cell Reagent 1mL of 1X PBS solution for proteomic analysis
Eppendorf tube containing	Tube D 1mL of RNA protect Cell Reagent 1mL of 1X PBS solution for proteomic analysis 1mL of 1X PBS solution for
	Tube D ImL of RNA protect Cell Reagent ImL of 1X PBS solution for proteomic analysis ImL of 1X PBS solution for DNA extraction
	Tube D ImL of RNA protect Cell Reagent ImL of 1X PBS solution for proteomic analysis ImL of 1X PBS solution for DNA extraction ImL of RNA protect Cell
SIECOMMIC	Tube D ImL of RNA protect Cell Reagent ImL of 1X PBS solution for proteomic analysis ImL of 1X PBS solution for DNA extraction
Check if collected	Tube D ImL of RNA protect Cell Reagent ImL of 1X PBS solution for proteomic analysis ImL of 1X PBS solution for DNA extraction ImL of RNA protect Cell
Eppendorf tube containing Check if collected Daje and Time into Freezer Temperature of Freezer	Tube D ImL of RNA protect Cell Reagent ImL of 1X PBS solution for proteomic analysis ImL of 1X PBS solution for DNA extraction ImL of RNA protect Cell

Folder: Baseline Visit-Biospecimen Collection

Form: Bronchial Airway Brushing Generated On: 09 Apr 2020 15:26:54

Comments regarding freeze-thaw Other comments	Did any freeze-thaw occur to the sa	•	No
Other comments			Yes
Other comments Other comments	Comments regarding freeze-thaw		
OR STEEL ON WHEN DED FOR SOUTH CEL DOCUMENTS OF PAECON WHEN DED FOR PAECON	Other comments		
	Resile Republic	SSION SOURCE	

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Folder: Baseline Visit-Biospecimen Collection Form: Urine Collection (Midstream Clean Catch)

Was urine sample collected?	No
	Yes
	Unknown
Reason urine sample was not collected	Patient Refused
•	Adverse Event
	Unknown
	Other, specify
Date of Urine Sample Collection	Fixed Unit. MMM dd yyyy
•	<i>c</i> .
Was urine collection performed per protocol?	No
	Yes
4	Unknown
Primary reason urine collection was not performed per protocol	Urethral Area Not Cleaned
04.14	Site error
	Storage not per protocol
	Unknown
CI C	Other, specify
Were any adverse events that are considered possibly, probably, or	No
definetly related to the study-related biospectmen collection procedures reported?	Yes
procedures reported:	Unknown
Туре	Sterile Urine Collection
000	Container
	Cryovial
Check if collected	
Date and Time into Freezer	F: 111.4.90
Temperature of Freezer	Fixed Unit: °C
Did any reeze-thaw occur to the sample?	No
	Yes
O,	Unknown
Comments regarding freeze-thaw	
Other comments	

Folder: Baseline Visit-Biospecimen Collection Form: Urine Collection (Midstream Clean Catch)

Type	Sterile Urine Collection
	Container
	Cryovial
Check if collected	
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: C
Did any freeze-thaw occur to the sample?	No
	Yes
	Unknown
Comments regarding freeze-thaw	
Other comments	
Type	Sterile Urine Collection
Type	Container
	Cryovial
Check if collected	<u> </u>
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
62,04	
Did any freeze-thaw occur to the sample?	No
00,0	Yes
	Unknown
Comments regarding freeze-thaw	
Other comments	
Type	Sterile Urine Collection
	Container
, CO'	Cryovial
Check if collected	
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
Did any freeze-thaw occur to the sample?	No No
-	Yes
	Unknown
	<u> </u>

Folder: Baseline Visit-Biospecimen Collection Form: Urine Collection (Midstream Clean Catch)

Comments regarding freeze-thaw	
Other comments	
Туре	Sterile Urine Collection Container Cryovial
Check if collected	
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
Did any freeze-thaw occur to the sample?	No Yes Unknown
Comments regarding freeze-thaw	
Other comments	0
Type SO	Sterile Urine Collection Container Cryovial
Check if collected	
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
Did any freeze-thaw occur to the sample?	No Yes
Comments regarding freeze-thaw	Unknown
Other comments	
SILCO	

Folder: Baseline Visit-Biospecimen Collection

Form: Nasal Brushing

Was nasal brushing performed?	No
	Yes
	Unknown
Was nasal brushing additional optional collected. (Optional nasal	No
collection is only for the three participating sites, Water Reed,	Xes
Boston University, and UCLA.	170
Primary reason nasal brushing not performed	Patient/Refused
	Adverse Event
	Missing Materials
	Site Error
	Unknown
	Other, specify
Was nasal brushing portormed non-protocol?	
Was nasal brushing performed per protocol?	No
	Yes
0,0,	Unknown
Primary reason nasal brushing not done per protocol	Storage Not Per Protocol
10, 2	Missing Materials
SIC	Site Error
5,0	Unknown
	Other, specify
Date of Nasal Brushing	Fixed Unit: MMM dd yyyy
Sale of Ivasai Brasillig	Tixed Ollic. Wilvilly dd yyyy
Were any adverse events that are considered possibly, probably, or	No
lefinetly related to the study related biospecimen collection	
procedures reported?	Yes
	Unknown
Гуре	Tube with RNAprotect Cell
910	Reagent
	Single cell analysis (Optional)
	Nasal Single Cell Plate
Check if collected	(Optional)
Date and Time into Freezer	T' . 111 ' . 9C
Temperature of Freezer	Fixed Unit: °C

Folder: Baseline Visit-Biospecimen Collection

Form: Nasal Brushing

Did any freeze-thaw occur to the sample?	No
	Yes
	Unknown
Comments regarding freeze-thaw	-
Other comments	
	The interest of the interest o
Туре	Tube with RNAprotect Cell Reagent
	Single cell analysis (Optional)
	Nasal Single Cell Plate
	(Optional)
Check if collected	
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
Did any freeze-thaw occur to the sample?	No
,0,0	Yes
	Unknown
Comments regarding freeze-thaw	
Other comments	
Type	Tube with RNAprotect Cell
	Reagent
	Single cell analysis (Optional)
Type	Nasal Single Cell Plate (Optional)
Check if collected	(Орионат)
Date and Time anto Freezer	
Temperature of Freezer	Fixed Unit: °C
× 01	
Did any freeze-thaw occur to the sample?	No C
- 2	Yes
	Unknown
Comments regarding freeze-thaw	
Other comments	
	TI NI DIL CO
Type	Tube with RNAprotect Cell Reagent
D. C. 10.0	
Draft 18.0 version 1.0 MIGPROD 10FEB2020 (914)	165 of 444

Folder: Baseline Visit-Biospecimen Collection

Form: Nasal Brushing

Single cell analysis (Optional)
Nasal Single Cell Plate
(Optional)
Q.
Fixed Unit: C
No
Yes Unknown
. 0
Unknown

Folder: Baseline Visit-Biospecimen Collection

Form: Buccal Scraping

Was buccal scraping performed?	No
	Yes
	Unknown
Primary reason buccal scraping not performed	Patient Refused
	Adverse Event
	Unknown
	Other, specify
Was buccal scraping performed per protocol?	No O
	Yes
	Unknown
Primary reason buccal scraping was not performed per protocol	Missing Materials
ON PORT OF THE PROPERTY OF THE	Site error
11/20	Unknown
OR IR	Other, specify
Date of Buccal Scraping	Fixed Unit: MMM dd yyyy
	••••
Were any adverse events that are considered possibly, probably, or	No
definetly related to the study-related biospecimen collection	Yes
procedures reported?	Unknown
Type	Microtube
	Microtube with Scraper
Check if Collected	
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
Did any free te-thaw occur to the sample?	No
The sumple.	Yes
- 2-	Unknown
Constants recording fuegra them	Chanown
Comments regarding freeze thaw	
Other comments	

Folder: Baseline Visit-Biospecimen Collection

Form: Sputum Samples

Was sputum sample collected by the patient and mailed to the core	N
pathology lab?	Y
	Unknow
Primary reason not collected and/or mailed	Lost l
	Sputum kit not distributed to
	Patient refuse
	Other Pt related err
	Other, speci
Date Sputum Sample Mailed	<u></u>
Were any adverse events that are considered possibly, probably, or	1
definetly related to the study-related biospecimen collection	Y
procedures reported?	Unknow
	J [*]
SIR	
SOR	
155LOR	
MISSFOR	
IBMISS FOR	
SUBMISSIFOR	
-B SUBMISSIFOR	
RB WENDED FOR	
E. R.	
TE RESIDENTED FOR	
SITE COMMENDED FOR	
SITE COMMENDED FOR	
definetly related to the study-related biospecimen collection procedures reported?	
SITE COMMENDED FOR	
STEL COMMENDED FOR	
SITE COMMENDED FOR	

Folder: Baseline Visit-Biospecimen Collection Form: Urine Processing for Metabolomics Study

Was the urine processing for metabolomics study performed?	No
	Yes
	Unknown
If processing not done, provided primary reason	Participant Refused
	Site error
	Missing or incomplete kit
	Missing or Applets
	Missing or incomplete material(s) or equipment
	Optional biospecimen
	Other, specify
Was the urine processing for metabolomics study performed per	No
protocol?	Yes
	Unknown
Primary Reason not performed per protocol	Urethral Area Not Cleaned
	Site error
MISSIONSON	Storage not per protocol
	Prepared Urine specimen cups
65.0	not used
	Unknown
	Other, specify
Date Urine Processed at Site	Fixed Unit: MMM dd yyyy
Were any adverse events that are considered possibly, probably, or	No
definetly related to the study related biospecimen collection	Yes
procedures reported?	Unknown
Total number of urine checks	
Type / O	Sterile Conical Tube
- 02	Eppendorf Tube
Check if Collected	
Date and Time Into Freezer	
Freezer Temperature	Fixed Unit: °C

Folder: Baseline Visit-Biospecimen Collection Form: Urine Processing for Metabolomics Study

Did any freeze-thaw occur to the sample?	No
	Yes
	Unknown
Comments regarding freeze thaw	$\overline{}$
Other comments	
Туре	Sterile Conical Tabe
1,500	Eppendorf Tube
Check if Collected	
Date and Time Into Freezer	
Freezer Temperature	Fixed Unit: °C
Did any freeze-thaw occur to the sample?	No Yes Unknown
Comments regarding freeze thaw),
Other comments	
Туре	Sterile Conical Tube
,5°,0°	Eppendorf Tube
Check if Collected	
Date and Time Into Freezer	
Freezer Temperature	Fixed Unit: °C
Did any freeze-thew occur to the sample?	No
IK WILL	Yes
K ON	Unknown
Comments regarding freeze thaw	
Other comments	
Туре	Sterile Conical Tube
X \	Eppendorf Tube
Cbeck if Collected	
Date and Time Into Freezer	
Freezer Temperature	Fixed Unit: °C

Folder: Baseline Visit-Biospecimen Collection Form: Urine Processing for Metabolomics Study

Did any freeze-thaw occur to the sample?	No
	Yes
	Unknown
Comments regarding freeze thaw	
Other comments	
Туре	Sterile Conical Tabe
	Eppendorf Tube
Check if Collected	
Date and Time Into Freezer	
Freezer Temperature	Fixed Unit: °C
Did any freeze-thaw occur to the sample?	No
	Yes
	Unknown
Comments regarding freeze thaw	<u> </u>
Other comments	
Туре	Sterile Conical Tube
55,0	Eppendorf Tube
Check if Collected	
Date and Time Into Freezer	
Freezer Temperature	Fixed Unit: °C
Did any freeze-thaw occur to the sample?	No
IK WILL	Yes
K ON!	Unknown
Comments regarding freeze thaw	
Other comments	
- 0-	
O ·	

Folder: Baseline Visit-Biospecimen Collection Form: Biospecimen Transmittal-Required v2

Kit Barcode	
Date Specimens Mailed	
Copy of Biospecimen Transmittal (8 pages total)	
Did all of the listed specimens go into the same freezer at the same date/time?	No Yes Unknown
Did any freeze thaw occur?	No Yes
Were all specimens stored at the same temp?	No Yes
Provide storage temp for all specimens	
If the Biospecimens collected have different storage temps record	d this in the provided comment box.
If the Biospecimens collected have different storage temps record Biospecimen Type	Blood Collection- Blood Plasma Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Buccal Epithelium Collection Nasal Epithelium Collection
Sign	Bronchial Biopsy Collection— RUL Formalin Fixed Bronchial Biopsy Collection— RML Formalin Fixed Bronchial Biopsy Collection— LUL Formalin Fixed Streck Collection—

Folder: Baseline Visit-Biospecimen Collection Form: Biospecimen Transmittal-Required v2

Barcode Sequence #	7
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Blood Collection PAXgene
	Bronchial Airway Bushings-
	Brush A Bronchial Airway Brushings-
	Bronchia Airway Brushings- Brush B
	Branchial Airway Brushings-
	Brush C
	Bronchial Biopsy Collection- RUL Fresh Frozen
	Bronchial Biopsy Collection-
	RML Fresh Frozen
, O	Bronchial Biopsy Collection-
	LUL Fresh Frozen
	Buccal Epithelium Collection
Barcode Sequence #	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection- RUL Formalin Fixed
	Bronchial Biopsy Collection-
	RML Formalin Fixed
22/21	Bronchial Biopsy Collection-
	LUL Formalin Fixed Streck Collection
The William	Streck Conection
	8
Check if specimen NOT included	
(heek if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
) ·	Blood Collection- Serum
	Blood Collection-PAXgene
	Bronchial Airway Brushings- Brush A

Folder: Baseline Visit-Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Bronchial Airway Brushings-
	Brush B
	Bronchial Airway Brushings-
	Brush C
	Bronchial Biopsy Collection-
	RUL Fresh Frozen
	Bronchial Biopsy Collection-
	RML Fresh Frozen
	Bronchial Biopsy Collection-
	LUL Fresh Frozen
	Buccal Epithelium Collection
	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection- RUL Formalin Fixed
	Bronchial Biopsy Collection-
4	RML Formalin Fixed
\bigcirc	Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	9
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
2	
	Blood Collection-PAXgene
	Bronchial Airway Brushings-
KENNE	Brush A
ERMAN	Brush A Bronchial Airway Brushings-
LE CHIMIL	Brush A Bronchial Airway Brushings- Brush B
Biospecimen Type	Brush A Bronchial Airway Brushings-
	Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C
	Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings-
	Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection-
2 SIFE COMMIT	Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen
	Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection-
	Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen
	Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection-

Folder: Baseline Visit-Biospecimen Collection Form: Biospecimen Transmittal-Required v2

Check if specimen NOT included Check if freeze/thaw occurred		Nasal Epithelium Collection
RUL Formalin Fixed Bronchial Biopsy Collection RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Streck Alection LUL Formalin Fixed Streck Alection Bronchial Biopsy Collection-Blood Plasma Blood Collection-Blood Plasma Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush B Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Bronchial Biopsy Collection RML Fresh Frozen Bronchial Biopsy Collection LUL Fresh Frozen Bronchial Biopsy Collection RML Fresh Frozen Bronchial Biopsy Collection LUL Fresh Frozen Bronchial Biopsy Collection RML Fresh Frozen Bronchial Biopsy Collection LUL Formalin Fixed Bronchial Biopsy Collection RML Formalin Fixed		Urine Collection
Bronchial Biopsy Collection RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Streck Offection LUL Formalin Greek Streck Offection LUL Formalin Fixed Streck offection LUL Formalin Fixed Streck offection LUL Fresh Frozen Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Bronchial Biopsy Collection LUL Formalin Fixed Bronchial Biopsy Collection RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed		Bronchial Biopsy Collection-
RML Formalin Fixed Bronchial Biopsy Collection LUL Forming Fixed Streek Callection Barcode Sequence # Theck if specimen NOT included Comments Biospecimen Type Blood Collection- Blood Plasma Blood Collection- Serum Blood Collection- PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Bronchial Biopsy Collection RML Fresh Frozen Bronchial Biopsy Collection LUL Fresh Frozen Bronchial Biopsy Collection RML Fresh Frozen Bronchial Biopsy Collection LUL Fresh Frozen Bronchial Biopsy Collection RWL Fresh Frozen Bronchial Biopsy Collection LUL Fresh Frozen Bronchial Biopsy Collection RWL Formalin Fixed Bronchial Biopsy Collection RWL Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed		▼ 1
Bronchial Biopsy Collection LUL Formatin Lived Street Cultection LUL Formatin Lived Street Cultection LUL Formatin Lived Street Cultection LUL Formatin Lived Comments Blood Collection- Blood Plasma Blood Collection- Serum Blood Collection- PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush B Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Bronchial Biopsy Collection LUL Formatin Fixed Bronchial Biopsy Collection RUL Formatin Fixed Bronchial Biopsy Collection RML Formatin Fixed Bronchial Biopsy Collection- LUL Formatin Fixed Bronchial Biopsy Collection- LUL Formatin Fixed Bronchial Biopsy Collection- LUL Formatin Fixed		
Bronchial Biopsy Collection Bronchial Biopsy Collection Bronchial Biopsy Collection Bronchial Biopsy Collection Bucal Epithelium Collection Bucal Epithelium Collection Bronchial Biopsy Collection Bucal Epithelium Collection Bronchial Biopsy Collection		
Streck Dection Barcode Sequence # Check if specimen NOT included Check if freeze/thaw occurred Comments Biospecimen Type Blood Collection- Blood Plasma Blood Collection- PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Buccal Epithelium Collection Nasal Epithelium Collection Nasal Epithelium Collection RUL Formalin Fixed Bronchial Biopsy Collection- RUL Formalin Fixed		
Check if specimen NOT included Check if freeze/thaw occurred Comments Biospecimen Type Blood Collection- Blood Plasma Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection LUL Fresh Frozen Bronchial Biopsy Collection RML Fresh Frozen Bronchial Biopsy Collection LUL Fresh Frozen Bronchial Biopsy Collection RML Formalin Fixed Bronchial Biopsy Collection- RML Formalin Fixed		
Check if specimen NOT included Check if freeze/thaw occurred Comments Biospecimen Type Blood Collection- Blood Plasma Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection LUL Fresh Frozen Bronchial Biopsy Collection RML Fresh Frozen Bronchial Biopsy Collection LUL Fresh Frozen Bronchial Biopsy Collection RML Formalin Fixed Bronchial Biopsy Collection- RML Formalin Fixed	Barcode Sequence #	10
Comments Biospecimen Type Reference of the control of the contro	_	
Biospecimen Type Biod Collection- Blood Plasma Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Buccal Epithelium Collection Nasal Epithelium Collection Urine Collection- RUL Formalin Fixed Bronchial Biopsy Collection- RUL Formalin Fixed	Check if freeze/thaw occurred	
Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Buccal Epithelium Collection Nasal Epithelium Collection Urine Collection RUL Formalin Fixed Bronchial Biopsy Collection- RUL Formalin Fixed	Comments	
Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Bronchial Biopsy Collection- RML Frozen Bronchial Biopsy Collection LUL Formalin Fixed Bronchial Biopsy Collection- RUL Formalin Fixed Bronchial Biopsy Collection- RWL Formalin Fixed Bronchial Biopsy Collection- RWL Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed	Biospecimen Type	Blood Collection- Blood Plasma
RML Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed		Blood Collection- Serum
RML Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed		Blood Collection-PAXgene
RML Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed		Bronchial Airway Brushings-
RML Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed		Brush A
RML Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed		Bronchial Airway Brushings-
RML Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed		Brush B
RML Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed	,50,0	Brush C
RML Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed		Bronchial Biopsy Collection-
RML Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed		RUL Fresh Frozen
RML Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed		Bronchial Biopsy Collection-
RML Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed	50-10	RML Fresh Frozen
RML Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed	0 4	Bronchial Biopsy Collection-
RML Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed	.024	Buccal Epithelium Collection
RML Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed	111 11/2	Nasal Enithelium Collection
RML Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed	XX ON	Urine Collection
RML Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed		Bronchial Bioney Collection
RML Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed		RUL Formalin Fixed
Bronchial Biopsy Collection- LUL Formalin Fixed	·	
LUL Formalin Fixed	Α,	
) `	
Streck Collection		
		Streck Collection

Folder: Baseline Visit-Biospecimen Collection Form: Biospecimen Transmittal-Required v2

Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Blood Collection-PAXsene
	Bronchial Airway Brushings
	Brush A Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings- Brush C
Barcode Sequence #	
	Bronchial Biopsy Collection-
	RML Fresh Frozen
	Bronchial Biopsy Collection- LUL Fresh Frozen
4	Buccal Epithelium Collection
,0	Nasal Epithelium Collection
S	Urine Collection
5,0	Bronchial Biopsy Collection-
	RUL Formalin Fixed
	Bronchial Biopsy Collection- RML Formalin Fixed
	Bronchial Biopsy Collection-
5 7	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	12
Check if specimen NOV included	
Check if freeze/thaw occurred	
Comments	
Biospectmen Type	Blood Collection- Blood Plasma
*	Blood Collection- Serum
	Blood Collection-PAXgene
	Bronchial Airway Brushings- Brush A
	Bronchial Airway Brushings- Brush B

Folder: Baseline Visit-Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Bronchial Airway Brushings-
	Brush C
	Bronchial Biopsy Collection- RUL Fresh Frozen
	Bronchial Biopsy Collection-
	RML Fresh Frozen
	Bronchial Biopsy Collection-
	LUL Fresh Frozen
	Buccal Epithelium Collection
	Nasal Epithelium Collection
	Urine Collection
	Bronchia Biopsy Collection-
	RUL Formalin Fixed
	Bronchial Biopsy Collection-
	RML Formalin Fixed
	Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	19
Check if specimen NOT included	6
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Blood Collection-PAXgene
	Bronchial Airway Brushings-
BOLL	Bronchial Airway Brushings- Brush A
OB JETH	, ,
PBMENT	Brush A Bronchial Airway Brushings- Brush B
E RANKAL	Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings-
TE COMMENT	Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C
SITE COMMENT	Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection-
SITERBANKA	Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen
Biospecimen Type	Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection-
SITERBANKA	Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen
SITERBANKA	Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection-
SIFERMARIA	Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen
SITE COMMENT	Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Buccal Epithelium Collection
STERONNEN	Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen

Folder: Baseline Visit-Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Bronchial Biopsy Collection-
	RUL Formalin Fixed
	Bronchial Biopsy Collection-
	RML Formalin Fixed
	Bronchial Biopsy Collection-
	LUL Formalin Fixed Streck Collection
	Streck Collegian
Barcode Sequence #	20
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Bood Collection- Serum
	Blood Collection-PAXgene
SITE ROMMENDED FOR	Bronchial Airway Brushings- Brush A
	Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings- Brush C
S	Bronchial Biopsy Collection-
	RUL Fresh Frozen
	Bronchial Biopsy Collection-
ON (C)	RML Fresh Frozen
	Bronchial Biopsy Collection- LUL Fresh Frozen
	Buccal Epithelium Collection
0	Nasal Epithelium Collection
.020	Urine Collection
I II MA	Bronchial Biopsy Collection-
	RUL Formalin Fixed
	Bronchial Biopsy Collection-
2,10	RML Formalin Fixed
- 0	Bronchial Biopsy Collection-
X	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	21
Check if specimen NOT included	
Check if freeze/thaw occurred	

Folder: Baseline Visit-Biospecimen Collection Form: Biospecimen Transmittal-Required v2

Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Blood Collection-PAXgene
	Bronchial Airway Brushings- Brush A
	Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings- Brush C
	Bronchia Biopsy Collection- RUL Fresh Frozen
	Bronchial Biopsy Collection- RML Fresh Frozen
	RML Fresh Frozen Bronchial Biopsy Collection LUL Fresh Frozen Buccal Epithelium Collection Vasal Epithelium Collection Urine Collection Bronchial Biopsy Collection RUL Formalin Fixed Bronchial Biopsy Collection RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Streck Collection
	Buccal Epithelium Collection
•	Nasal Epithelium Collection
70	Urine Collection
	Bronchial Biopsy Collection-
65, 6	RUL Formalin Fixed Bronchial Biopsy Collection-
	RML Formalin Fixed
ONIO,	Bronchial Biopsy Collection-
	LUL Formalin Fixed Streck Collection
	Streek Concention
Barcode Sequence #	25
Check if specimen NOT included	
Check if freeze thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
5, 70	Blood Collection- Serum
. 0	Blood Collection-PAXgene
7	Bronchial Airway Brushings- Brush A
)	Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings- Brush C

Folder: Baseline Visit-Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Bronchial Biopsy Collection-
	RUL Fresh Frozen
	Bronchial Biopsy Collection-
	RML Fresh Frozen
	Bronchial Biopsy Collection-
	LUL Fresh Frozen
	Buccal Epithelium Collection
	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection-
	RUL Formalin Fixed
	Bronchial Biopsy Collection-
	RML Formalin Fixed
	Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	26
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	5
Biospecimen Type	Blood Collection- Blood Plasma
Biospecifici Type	
115360	Blood Collection- Serum
all Sto.	
BMEDFO	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings-
CUBMISO FO	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A
SUBMISORO	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings-
OB NEWDED FOR	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B
IRB WENDED	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings-
E RAMENDED FOR	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings-
TE PRINTENDED FOR	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C
CITE COMMENDED FOR	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection-
SITE COMMENDED FOR	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen
Biospecimen Type Silk Committee Silk Committ	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection-
SITE COMMENDED FOR	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen
SITE COMMENDED FOR	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection-
SITE ROMMENDED FOR	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen
SITE COMMENDED FOR	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Buccal Epithelium Collection
SITE COMMENDED FOR	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Buccal Epithelium Collection Nasal Epithelium Collection

Folder: Baseline Visit-Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Bronchial Biopsy Collection-
	RML Formalin Fixed
	Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	Z8
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Blood Collection-PAXgene
	Bronchial Airway Brushings-
	Brush A
	Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings-
4	Brush C
	Bronchial Biopsy Collection-
	RUL Fresh Frozen
65.0	Bronchial Biopsy Collection- RML Fresh Frozen
	Bronchial Biopsy Collection-
	LUL Fresh Frozen
(Ø, C)	Buccal Epithelium Collection
Bacode Sequence #	Nasal Epithelium Collection
000	Urine Collection
000	Bronchial Biopsy Collection-
11 11/4	RUL Formalin Fixed
XX ON.	Bronchial Biopsy Collection- RML Formalin Fixed
	Bronchial Biopsy Collection-
2,10	LUL Formalin Fixed
- 02	Streck Collection
Barcode Sequence #	29
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	

Folder: Baseline Visit-Biospecimen Collection Form: Biospecimen Transmittal-Required v2

Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Blood Collection-PAXgene
	Bronchial Airway Brushings-
	Brush A
	Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings- Brush C
	Bronchial Biopsy Collection- RCU Fresh Frozen
	Bronchia Biopsy Collection-
	RML Fresh Frozen Bronchial Biopsy Collection-
	Puccal Epithelium Collection
SMISSIPPO	Nasal Epithelium Collection
	Urine Collection
4	Bronchial Biopsy Collection-
,0	RUL Formalin Fixed
	Bronchial Biopsy Collection- RML Formalin Fixed
65,0	Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	30
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
1 - O/2	Blood Collection- Serum
5,0	Blood Collection-PAXgene
	Bronchial Airway Brushings- Brush A
o^{\bullet}	Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings-Brush C
	Bronchial Biopsy Collection- RUL Fresh Frozen

Folder: Baseline Visit-Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Bronchial Biopsy Collection-
	RML Fresh Frozen
	Bronchial Biopsy Collection-
	LUL Fresh Frozen
	Buccal Epithelium Collection
	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection- RUL Formalin Fixed
	Bronchial Biopsy Collection-
	RML Formalin Fixed
	Bronchia Biopsy Collection-
	IUL Formalin Fixed
	Streck Collection
Barcode Sequence #	31
Check if specimen NOT included	
Check if freeze/thaw occurred	77 11
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
65.0	Blood Collection-PAXgene
	Bronchial Airway Brushings-
$\sim 10^{-1}$	Brush A
Biospecimen Type SILL COMMILE OF THE SILL COM	Bronchial Airway Brushings- Brush B
50	Bronchial Airway Brushings-
0	Brush C
02/11/	Bronchial Biopsy Collection-
11 11/10	RUL Fresh Frozen
IV ON	Bronchial Biopsy Collection-
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	RML Fresh Frozen
5 10	Bronchial Biopsy Collection- LUL Fresh Frozen
	Buccal Epithelium Collection
N PV	Nasal Epithelium Collection
	Urine Collection
\mathcal{O}	Bronchial Biopsy Collection-
-	RUL Formalin Fixed
	Bronchial Biopsy Collection-
	RML Formalin Fixed

Folder: Baseline Visit-Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	50
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Blood Collection-PAXgene
	Bronchial Airway Brushings-
	Brush A
	Bronchial Airway Brushings- Brush B
Barcode Sequence #	Brush C Brush C
, 0	Bronchial Biopsy Collection-
2	RUL Fresh Frozen
,0, , ,	Bronchial Biopsy Collection- RML Fresh Frozen
SIST	Bronchial Biopsy Collection-
5,0	LUL Fresh Frozen
	Buccal Epithelium Collection
0/1/0	Nasal Epithelium Collection
	Urine Collection
5 7	Bronchial Biopsy Collection-
	RUL Formalin Fixed
120	Bronchial Biopsy Collection-
	RML Formalin Fixed
W ON.	Bronchial Biopsy Collection- LUL Formalin Fixed
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Streck Collection
61,0	Streck Collection
Barcode Sequence #	61
Check it specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum

Folder: Baseline Visit-Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Blood Collection-PAXgene
	Bronchial Airway Brushings-
	Brush A
	Bronchial Airway Brushings-
	Brush B
	Bronchial Airway Brushings- Brush C
	Bronchial Biopsy Collection-
	RUL Fresh Frozen
	Bronchial Biopsy Collection- RML Fresh Frozen
	Bronchial Biopsy Collection-
	EUL Fresh Frozen
	Buccel Epithelium Collection
	Nasal Epithelium Collection
	Urine Collection Bronchial Biopsy Collection- RUL Formalin Fixed Bronchial Biopsy Collection- RML Formalin Fixed Bronchial Biopsy Collection-
	Bronchial Biopsy Collection-
	RUL Formalin Fixed
4	Bronchial Biopsy Collection- RML Formalin Fixed
	Bronchial Biopsy Collection-
	LUL Formalin Fixed
(2, 0)	Streck Collection
5,0	<u>U</u>
Barcode Sequence #	62
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
R. M.	Blood Collection- Serum
	Blood Collection-PAXgene
CXVCO.	Bronchial Airway Brushings- Brush A
2.10	Bronchial Airway Brushings-
- 2	Brush B
O PY	Bronchial Airway Brushings-
O`	Brush C Bronchial Biopsy Collection-
	RUL Fresh Frozen
	Bronchial Biopsy Collection-
	RML Fresh Frozen
	14.12 110011102011

Folder: Baseline Visit-Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Bronchial Biopsy Collection-
	LUL Fresh Frozen
	Buccal Epithelium Collection
	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection- RUL Formalin Fixed
	Bronchial Biopsy Collection-
	RML Formalm Fixed
	Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	68
Check if specimen NOT included	1 4
Check if freeze/thaw occurred	
Comments	7,00
Biospecimen Type	Blood Collection- Blood Plasma
4	Blood Collection- Serum
,0,	Blood Collection-PAXgene
SIST	Bronchial Airway Brushings-
5,0	Brush A
Biospecimen Type SIZE COMMIENTED FOR COMMISSION COMPANISSION	Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings-
	Brush C
5 1	Bronchial Biopsy Collection-
8	RUL Fresh Frozen
Profit	Bronchial Biopsy Collection- RML Fresh Frozen
	Bronchial Biopsy Collection-
	LUL Fresh Frozen
	Buccal Epithelium Collection
200	Nasal Epithelium Collection
- Q-v	Urine Collection
	Bronchial Biopsy Collection- RUL Formalin Fixed
	Bronchial Biopsy Collection-
-	RML Formalin Fixed
	Bronchial Biopsy Collection- LUL Formalin Fixed

Folder: Baseline Visit-Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Streck Collection
Barcode Sequence #	70
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection Serum
	Blood Collection PAXgene
	Bronchial Anway Brushings- Brush A
	Bronchial Airway Brushings- Brush B
Bareode Sequence #	Bronchial Airway Brushings- Brush C
	Bronchial Biopsy Collection- RUL Fresh Frozen
, C	Bronchial Biopsy Collection-
	RML Fresh Frozen Bronchial Biopsy Collection-
	LUL Fresh Frozen
62.04	Buccal Epithelium Collection
	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection-
S 10 v	RUL Formalin Fixed Bronchial Biopsy Collection-
001/12	RML Formalin Fixed
	Bronchial Biopsy Collection-
IK WI	LUL Formalin Fixed
W. Will	Streck Collection
Barcode Sequence #	72
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Blood Collection-PAXgene

Folder: Baseline Visit-Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Bronchial Airway Brushings-
	Brush A
	Bronchial Airway Brushings-
	Brush B
	Bronchial Airway Brushings-
	Brush C
	Bronchial Biopsy Collection-
	RUL Fresh Frozen
	Bronchial Biopsy Collection-
	RMI. Fresh Frozen
	Bronchial Biopsy Collection-
	LOU Fresh Frozen
	Buccal Epithelium Collection
	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection-
	Bronchial Biopsy Collection- RUL Formalin Fixed Bronchial Biopsy Collection- RML Formalin Fixed Bronchial Biopsy Collection-
	Bronchial Biopsy Collection-
·	RML Formalin Fixed
	Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
<u> </u>	Success Concession
Barcode Sequence #	51
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
8	Blood Collection- Serum
SITE COMME	Blood Collection-PAXgene
	Bronchial Airway Brushings-
XX OW.	Brush A
	Bronchial Airway Brushings-
2, 70	Brush B
Y	Bronchial Airway Brushings-
	Brush C
	Bronchial Biopsy Collection-
	RUL Fresh Frozen
	Bronchial Biopsy Collection-
	RML Fresh Frozen
	Bronchial Biopsy Collection-
	LUL Fresh Frozen

Folder: Baseline Visit-Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Buccal Epithelium Collection
	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection-
	RUL Formalin Fixed
	Bronchial Biopsy Collection- RML Formalin Fixed
	Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	54
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	7 4
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Blood Collection-PAXgene
	Bronchial Airway Brushings-
	Brush A
62,0	Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings-
on'o'	Brush C
	Bronchial Biopsy Collection-
	RUL Fresh Frozen Bronchial Biopsy Collection-
000	RML Fresh Frozen
	Bronchial Biopsy Collection-
IL WA	LUL Fresh Frozen
W ON	Buccal Epithelium Collection
	Nasal Epithelium Collection
2, 70	Urine Collection
Siospecimen Type Siospecimen Type Siospecimen Type	Bronchial Biopsy Collection- RUL Formalin Fixed
	Bronchial Biopsy Collection-
)	RML Formalin Fixed
	Bronchial Biopsy Collection- LUL Formalin Fixed
	Streck Collection
	Streek Concensus

Folder: Baseline Visit-Biospecimen Collection Form: Biospecimen Transmittal-Required v2

Barcode Sequence #	55
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type Biospecimen Type Republic Property of the Comments of the Comments of the Comment of the Com	Blood Collection- Blood Plasma Blood Collection- Serum Blood Collection PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Buccal Epithelium Collection Nasal Epithelium Collection Urine Collection- RUL Formalin Fixed Bronchial Biopsy Collection- RUL Formalin Fixed Bronchial Biopsy Collection-
Barcode Sequence #	RML Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed Streck Collection 34
Check if specimen NOT included	
Comments Comments	
Biospecimen Type	Blood Collection- Blood Plasma Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A

Folder: Baseline Visit-Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Bronchial Airway Brushings-
	Brush B
	Bronchial Airway Brushings-
	Brush C
	Bronchial Biopsy Collection-
	RUL Fresh Frozen
	Bronchial Biopsy Collection-
	RML Fresh Frozen
	Bronchial Biopsy Collection-
	LUL Fresh Frozen
	Buccal Epithelium Collection
	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection-
	RUL Formalin Fixed
	Bronchial Biopsy Collection-
	RML Formalin Fixed
	Bronchial Biopsy Collection-
. 0	LUL Formalin Fixed
4	Streck Collection
Barcode Sequence #	35
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
Biospecimen Type	Blood Collection- Blood Plasma Blood Collection- Serum
Biospecimen Type	\cup
Biospecimen Type	Blood Collection- Serum Blood Collection-PAXgene
Biospecimen Type	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings-
Biospecimen Type	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A
Biospecimen Type	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings-
Biospecimen Type	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B
Biospecimen Type	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings-
SITE COMMENDE	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C
SITE COMMENDE	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection-
SITE COMMENDE	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen
SITE COMMENDE	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection-
SITE COMMENDE	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen
SITE COMMENDE	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection-
Biospecimen Type	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen
SITE COMMENDE	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection-

Folder: Baseline Visit-Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection-
	RUL Formalin Fixed
	Bronchial Biopsy Collection
	RML Formalin Fixed
	Bronchial Biopsy Collection- LUL Formatin Fixed
	Streck Collection
Barcode Sequence #	36
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Blood Collection-PAXgene
	Bronchial Airway Brushings-
	Brush A
	Bronchial Airway Brushings-
2° 0'	Brush B
Biospecimen Type Size Commission	Bronchial Airway Brushings- Brush C
	Bronchial Biopsy Collection-
	RUL Fresh Frozen
	Bronchial Biopsy Collection-
	RML Fresh Frozen
8 4	Bronchial Biopsy Collection- LUL Fresh Frozen
.027	Buccal Epithelium Collection
II MA	Nasal Epithelium Collection
XX ON.	Wasai Epithenum Conection
	Urine Collection
2.10	Bronchial Biopsy Collection-
- 02	RUL Formalin Fixed Bronchial Biopsy Collection-
X \	RML Formalin Fixed
	Bronchial Biopsy Collection-
\mathcal{J}	LUL Formalin Fixed
•	Streck Collection
Barcode Sequence #	37

Folder: Baseline Visit-Biospecimen Collection Form: Biospecimen Transmittal-Required v2

Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Blood Collection-PAXsene
	Bronchial Airway Brushings-
	Brush A
	Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings-
	Brush C
	Bronchial Biopsy Collection- RUL Fresh Frozen
	Bronchial Biopsy Collection-
	RML Fresh Frozen
	Bronchial Biopsy Collection- LUL Fresh Frozen
4	Buccal Epithelium Collection
	Nasal Epithelium Collection
Barcode Sequence #	Urine Collection
· 65,0	Bronchial Biopsy Collection-
	RUL Formalin Fixed
(C) 1/Q.	Bronchial Biopsy Collection- RML Formalin Fixed
	Bronchial Biopsy Collection-
5 11	LUL Formalin Fixed
8	Streck Collection
Barcode Sequence #	38
Check if specimen NO Vincluded	
Check if freeze/haw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
X ~	Blood Collection- Serum
)'	Blood Collection-PAXgene
	Bronchial Airway Brushings-
	Brush A
	Bronchial Airway Brushings- Brush B
	Z

Folder: Baseline Visit-Biospecimen Collection Form: Biospecimen Transmittal-Required v2

Generated On: 09 Apr 2020 15:26:54	
	Bronchial Airway Brushin
	Brush Bronchial Biopsy Collection
	RUL Fresh Froz
	Bronchial Biopsy Collection
	RML Fresh Froz
	Bronchial Biopsy Collecto LUL Fresh Fro
	Buccal Epithelium Collect
	Nasal Epithelium Collect
	Urihe Collect
	Bronchia Biopsy Collection
	RUL Formalin Fix
	Bronchial Biopsy Collection
	RML Formalin Fix
	Bronchial Biopsy Collection LUL Formalin Fix
	Streck Collect
Barcode Sequence #) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Check if specimen NOT included	
Check if freeze/thaw occurred	9
Comments	
Comments	
60,00	
22/2	
IL W	
K ON'	
2,70	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
X	
OT PER	

Folder: Baseline Visit-Biospecimen Collection

Form: Biospecimen Transmittal- Required- Bronchial Biopsy Formalin Fixed

Kit Barcode	
Date Specimens Mailed	
Copy of Biospecimen Transmittal- Bronchial Biopsy Formalin Fixed	1
Biospecimen Sample	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Blood Collection-PAXgene
	Bronchial Airway Brushings- Brush A
	Bronchial Airway Brushings- Brush B
	Bronchia Airway Brushings- Brush C
-1	Bronchial Biopsy Collection- RUL Fresh Frozen
Barcode Sequence #	Pronchial Biopsy Collection- RML Fresh Frozen
1001	Bronchial Biopsy Collection- LUL Fresh Frozen
0, 4,	Buccal Epithelium Collection
	Nasal Epithelium Collection
62,04	Urine Collection
	Bronchial Biopsy Collection- RUL Formalin Fixed
	Bronchial Biopsy Collection-
	RML Formalin Fixed
	Bronchial Biopsy Collection-
	LUL Formalin Fixed Streck Collection
	Streck Confection
Barcode Sequence #	67
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
510	
Did any freeze/thaw occur?	No
	Yes
Ó`	Unknown
If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	
Droft 18 0 varsion 1 0 MICDDOD	

Folder: Baseline Visit-Biospecimen Collection

Form: Biospecimen Transmittal- Required- Bronchial Biopsy Formalin Fixed

Biospecimen Sample	Blood Collection- Blood Plasma
Biospecinici Gampie	Blood Collection- Serum
	\cup
	Blood Collection-PAXgene
	Bronchial Airway Brushings- Brush
	Bronchial Airway Brushings-
	Brush B
	Bronchial Airway Krushings- Brush C
	Bronchial Biopsy Collection- RCU Fresh Frozen
	Bronchial Biopsy Collection- RML Fresh Frozen
	Bronchial Biopsy Collection-
	Buccal Epithelium Collection
7	Nasal Epithelium Collection
. 0	Urine Collection
4	Bronchial Biopsy Collection-
,0,	RUL Formalin Fixed
SIS	Bronchial Biopsy Collection- RML Formalin Fixed
,6°,0°	Bronchial Biopsy Collection-
	LUL Formalin Fixed
BMISSION	Streck Collection
Barcode Sequence #	69
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/thaw occur?	No No
XV OV	Yes
51,0	Unknown
If yes o reeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Sample	Blood Collection- Blood Plasma
	Blood Collection- Serum
	\cup

Folder: Baseline Visit-Biospecimen Collection

Form: Biospecimen Transmittal- Required- Bronchial Biopsy Formalin Fixed

	Blood Collection-PAXgene
	Bronchial Airway Brushings- Brush A
	Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings- Brush
	Bronchial Biopsy Collection- RUL Fresh Frozen
	Bronchial Biopry Collection- RML Fresh Frozen
	Bronchia Biopsy Collection- LUL Fresh Frozen
	()
_	Nasal Epithelium Collection Urine Collection
SON OR SO	Bronchial Biopsy Collection- RUL Formalin Fixed
40.0	Bronchial Biopsy Collection- RML Formalin Fixed
	Bronchial Biopsy Collection- LUL Formalin Fixed
55,01	Streck Collection
Barcode Sequence #	71
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/thaw occur?	No O
E IF MAIN	Yes Unknown
If yes to freeze/thaw- Total # of Times	
If ye to freeze/thaw- length of each time	
Comments	
**	
o'\	

Were optional biospecimens sent to the core lab?	No
	Yes
	Unknown
If no optional biospecimens were sent to the core lab, leave	the table blank.
• •	A
	41.
If optional specimens were sent, at least one row of the tabl	e must be checked as sent.
Date optional biospecimens sent to core lab	
Biospecimen Type	Blood Collection- Buffy Coat
	Blood Collection- PBMC
	Bronchial Airway Brushings
	Collection- Tube D
41	Urine Processing for Metabolomics Study
Barcode Sequence #	ivictabolonines study
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
SI P	
Did any freeze/that occur?	No C
	Yes
	Unknown
If yes to freeze/thaw-Total # of Times	- Ciminown
If yes to freeze/thay- length of each time	<u> </u>
Comments	·
	Plant Called at D. C. Carl
Biospecimen Type	Blood Collection- Buffy Coat
(\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	Blood Collection- PBMC
51,0	Bronchial Airway Brushings Collection- Tube D
	Urine Processing for
X	Metabolomics Study
Barcode Sequence #	14
Check if Specimen Included	
Storage Temp	Fixed Unit: °C

Did any freeze/that occur?	No
	Yes
	Unknown
If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Type	Blood Collection-Buffy Coat
71	Blood Collection- PBMC
	Bronchial Arway Brushings
	Collection- Tube D
	Urine Processing for
	Metabolomics Study
Barcode Sequence #	15
Check if Specimen Included	V', O ^v
Storage Temp	Fixed Unit: °C
, O	
Did any freeze/that occur?	No
	Yes
65'01	Unknown
If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw-length of each time	
Comments	
Picarasinan Tana	Disad Callerting Duffy Coat
Biospecimen Type	Blood Collection- Buffy Coat
	Blood Collection- PBMC
IK WILL	Bronchial Airway Brushings Collection- Tube D
il all	Urine Processing for
(\varphi^cO',	Metabolomics Study
Barcode Sequence #	16
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/that occur?	No C
<u></u>	Yes
	Unknown
	Ulikilowii

If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
	Blood Collection- PBMC
	Bronchial Airway Brushings
	Collection- Tabe D
	Urine Processing for Metabolomics Study
Barcode Sequence #	17
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/that occur?	No
	Yes
0,0	Unknown
If yes to freeze/thaw- Total # of Times	<u> </u>
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
Barcode Sequence #	Blood Collection- PBMC
	Bronchial Airway Brushings
	Collection- Tube D
2 2 7	Urine Processing for
	Metabolomics Study
	18
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
5,0	
Did any freeze/that occur?	No
*	Yes
	Unknown
If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	_

Biospecimen Type	Blood Collection- Buffy Coat
	Blood Collection- PBMC
	Bronchial Airway Brushings
	Collection- Tube D
	Urine Processing for
	Metabolomics Study
Barcode Sequence #	27
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/that occur?	No
	Yes
1	Unknown
If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	2
Comments	\\
	<u> </u>
Biospecimen Type	Blood Collection- Buffy Coat
Biospecimen Type ANISOLOR	Blood Collection- PBMC
(2), OK	Bronchial Airway Brushings
	Collection- Tube D
	Urine Processing for
	Metabolomics Study
Barcode Sequence #	28
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
i Richard	
Did any freeze/that occur?	No
XX OIA	Yes
	Unknown
If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
	Blood Collection- PBMC

	Bronchial Airway Brushings
	Collection- Tube D
	Urine Processing for
	Metabolomics Study
Barcode Sequence #	29
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/that occur?	No
·	Yes
	Unknown
	Chanown
If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	1 4
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
, 0	Blood Collection- PBMC
	Bronchial Airway Brushings
,0,	Collection- Tube D
C 2	Urine Processing for
	Metabolomics Study
Barcode Sequence #	30
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/that occur?	No C
20 10	Yes
II W	Unknown
- K W	Clikilowii
If yes to freeze/thaw- Total # of Times	
ICves to freeze/thaw- length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
0,	Blood Collection- PBMC
\sim	Bronchial Airway Brushings
	Collection- Tube D
	Urine Processing for
	Metabolomics Study

Barcode Sequence #	31
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/that occur?	No
	Yeo
	(luknown)
	Olkhowii
If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
	Blood Collection- PBMC
	Bronchial Airway Brushings
	Collection- Tube D
\bigcirc	Urine Processing for
	Metabolomics Study
Barcode Sequence #	63
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/that occur?	No
(Q, C)	Yes
C_{0} , O_{0}	Unknown
If yes to freeze/that Total # ol Times	
If yes to freeze/haw-length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
5 10	Blood Collection- PBMC
- ^	Bronchial Airway Brushings
	Collection- Tube D
	Urine Processing for
Barcode Sequence #	Metabolomics Study
1	40
Check if Specimen Included	T 111 1 00
Storage Temp	Fixed Unit: °C
Draft 18.0 version 1.0 MIGPROD	
10FEB2020 (914)	203 of 444

Did any freeze/that occur?	No
	Yes
	Unknown
If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
	Blood Collection- PBMC
	Bronchial Airway Brushings
	Collection- Tube D
	Trine Processing for
	Metabolomics Study
Barcode Sequence #	41
Check if Specimen Included	V
Storage Temp	Fixed Unit: °C
	<u> </u>
Did any freeze/that occur?	No
	Yes
65° 01°	Unknown
If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
0 15	Blood Collection- PBMC
	Bronchial Airway Brushings
II Wh.	Collection- Tube D
XV ON.	Urine Processing for
	Metabolomics Study
Barcode Sequence #	42
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
O`	
Did any freeze/that occur?	No
	Yes
	Unknown

If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
	Blood Collection- PBMC
	Bronchial Airway Brushings
	Collection- Tabe D
	Urine Processing for Metabolomics Study
Barcode Sequence #	Wietagoromics Study 43
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Storage Temp	Trace office C
Did any freeze/that occur?	No
	Yes
0,0	Unknown
If yes to freeze/thaw- Total # of Times	<u> </u>
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Type Barcode Sequence #	Blood Collection- Buffy Coat
	Blood Collection- PBMC
	Bronchial Airway Brushings
	Collection- Tube D
2 2 7	Urine Processing for
	Metabolomics Study
	44
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
510	
Did any freeze/that occur?	No
	Yes
	Unknown
If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	

Biospecimen Type	Blood Collection- Buffy Coat
	Blood Collection- PBMC
	Bronchial Airway Brushings
	Collection- Tube D
	Urine Processing for
D 1. C	Metabolomics Study
Barcode Sequence #	45
Check if Specimen Included	111 : 00
Storage Temp	Fixed Unit: °C
Did any freeze/that occur?	No
	Yes
1	Unknown
TG and G with The Life CTT	
If yes to freeze/thaw- Total # of Times	~ `
If yes to freeze/thaw- length of each time	<u> </u>
Comments)
If yes to freeze/thaw- Total # of Times If yes to freeze/thaw- length of each time Comments Comments Defines Particular Particula	
D. 6.10.0	

Were additional biospecimens sent to the core lab?	No
	Yes
	Unknown
If no additional biospecimens were sent to the core lab, lea	ave the table blank
in no additional biospecimens were sent to the core lab, lea	ive the table blank.
	14
TO 1300 1	
If additional specimens were sent, at least one row of the ta	
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Buffy Coat
	Blood Collection- PBMC
	Blood Collection- Serum
	Blood Collection-PAXgene
	Bronchial Airway Brushings
	Collection
$\mathcal{O}_{\mathcal{O}}$	Bronchial Biopsy Collection
25 40	Buccal Epithelium Collection
10.00	Nasal Epithelium Collection
5	Urine Collection
	Other, specify
Barcode Sequence #	Offici, specify
Barcode Sequence #	
Date Sent to Core Lab	
Storage Temp	Fixed Unit: °C
9	
Did any freeze/maw occur	No
I Ma	Yes
	Unknown
Lye to freeze/thaw- Total # of Times	
If yes to free e/thaw- length of each time	
Conments	
),	

Folder: 1 year Follow up

Form: Follow up

Was the follow up completed?	No
	Yes
	Unknown
If the follow up was not completed, please provide the primary reason	Patient Refused
is was not done	Patient Lost to Follow up
	Site error
	Other, specify
Date of Follow up	Fixed Unit: MMM dd yyyy
Were any adverse events that are considered possibly, probably, or	No
definitely related to the study-related biospecimen collection procedures reported?	Yes
7	Unknown
Was pulmonary function test/spirometry performed?	No
0, 11,	Yes
Reason pulmonary function test/spirometry not performed	Patient Refused
0,20	Site error
65	Equipment Unavailable
1150	Unknown
	Other, specify
Was physical exam performed?	No
S (D)	Yes
8 48	Unknown
Reason physical exam not performed	Patient Refused
	Site error
11000	Unknown
5,0	Other, specify
Did the partern have any imaging performed as part of follow up?	No
X	Yes
<u>) </u>	Unknown
mage Type	CT
D	ynamic contrast-enhanced CT
	PET (=

Folder: 1 year Follow up

Form: Follow up

	MRI
	X-ray
	Other
Provide the date(s) of imaging the patient had as part of follow up	
Did the patient have any surgery performed as part of follow up?	X ₀
	Yes
	Unknown
Date of Surgery	10/
Were surgical tissue samples collected?	No
•	Yes
	Unknown
Primary reason surgical tissue samples were not collected.	Site Error
Trimary reason surgical ussue samples were not concered	Patient Refused
W. Q.	Pathology Lab Refused Request
0, 1),	Unknown
400	Other, specify
<u></u>	Other, speerly
S	
, S , O .	
SI CO	
2 2 7	
IK WILL	
W. ON!	
-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
5, 70	
L 02/	
X	
SITE RAMIEM FOR	

Folder: 1 year Follow up Form: Study Evaluation and Diagnosis- Pt I, II Generated On: 09 Apr 2020 15:26:54 **Instructions:** The Study Evaluation and Diagnosis Worksheet should be completed by the Treating Physician annually until lung cancer diagnosis or year 4 follow up. Any malignancy identified during the four-year follow-up time period will need to be reported on the Study Evaluation and Diagnosis Form. A response of "Primary Lung" or "Metastatic Lung' to Question #4a completes the participant's involvement in the follow up procedures. 1. - Was the Study Evaluation and Diagnosis Form completed by the treating physician? Unknown 1a. - If no, provide primary reason Refused Follow up Patient Patient Lost to Follow up reating physician did not complete form Other, specify 2. - Date study evaluation and diagnosis completed 4. - Is there malignancy in the lung? 4a1. - If metastatic, provide the site of primary orgin Yes Uncertain **Primary Lung** Metastatic to the Lung Uncertain Other, specify Bladder Bone Brain **Breast** Cervical Colon-Rectal Esophageal Gastric Kidney Larynx Lymphoma

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Folder: 1 year Follow up

Form: Study Evaluation and Diagnosis- Pt I, II

	Melanoma
	Nasal
	Oral
	Pancreatic
	Pharynx
	Prostate
	Kenal Cell
	Thyroid
	Transition Cell
	Uncertain
	Other Cancer, Specify
Part II. Lung Malignancy complete this section only if Q4a=prin	pary lyng
5 Date of first diagnosis	
6 Has the lung cancer been reported on a previous Study Evaluate	ion No O
and Diagnosis form?	Yes
4-00	Unknown
6a Has the patient developed progressive disease following	No O
treatment for lung cancer?	Yes
5,0,	Unknown
	$\overline{}$
6a1 If yes, date of first documentation of progressive lung can	
6a2 6a2. List the site(s) of progression	Original lung site
5.70	Other lung site(s)
	Pleura
IK WILL	Brain
il all	Bone
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Liver
5 10	Adrenal
	Skin/subcutaneous tissue
*	N1 regional lymph nodes
5 Pr	(ipsilateral hilar/intrapulmonary) N2 ipsilateral mediastinal lymph
	nodes
	N3 distant lymph nodes
	(contralateral mediastinal or
	hilar/supraclavicular/scalene)

Folder: 1 year Follow up

Form: Study Evaluation and Diagnosis- Pt I, II

	Unknown
	Other, specify
7 Lung Cancer Type	Small Cell Lung Cancer
	Non-Small Cell Lung Cancer
	Unknown
8 Histologic Class	Adenocarcine na
	Adenosquamous Carcinoma
	Epidermont Carcinmoa
	Bronchioloarveolar Carcinoma
	Carcinoid
	Large Cell Carcinoma
	Small Cell Carcinoma
	Squamous Cell Carcinoma
	Other, specify
	Unknown
9 Histologic Subtype	Acinar
	Bronchioalveola
(0)	Papillary
	Solid carcinoma with mucus
	formation Mixed
	Pure small cell carcinoma
5 7	Combined small cell carcinoma
	Large cell neuroendocrine
IK WILL	Basaloid
K ON!	Lymphoepithelial-like
	Large cell with rhabdoid
2,00	phenotype
9 Histologic Subtype	Unknown
10 Caricer Stage	Occult
O '	0
	IA
	IB

Folder: 1 year Follow up

Form: Study Evaluation and Diagnosis- Pt I, II

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FOR SITE IRBNIENDED FOR SOURCE DOCUMENTS

Folder: 1 year Follow up

Form: Study Evaluation and Diagnosis- Pt III

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Part IV. Diagnostic tests performed since the last Study Evaluation and Diagnosis Form was **completed** required if Q1=yes Note: All diagnostic tests will need a de-identified copy of the report uploaded into Rave NOW DERIVATION Diagnostic Test Type Biops Bone Sc ON SOURCE DE MRI **PET** Sputum Surgical Pathology **TBNA** Thoracoscopy Thoracotomy **TTNA** Other, specify Evaluation and Diagnosis form Was test performed since last was completed? Yes Unknown Date of test Was test used osis described above? Yes Biopsy Bone Scan Bronchoscopy Chest X Ray CT Scan Mediastinoscopy MRI

Folder: 1 year Follow up

Form: Study Evaluation and Diagnosis- Pt III

	PET
	Sputum
	Surgical Pathology
	TBNA
	Thoracoscopy
	Thoracotomy
	TTNA
	Other, specify
Was test performed since last Study Evaluation and Diagnosis form	No
was completed?	Yes
	Unknown
Date of test	
Was test used to establish diagnosis described above?	No
OFIRE	Yes
Upload Report	
Diagnostic Test Type Strict Committee Strict C	Biopsy
	Bone Scan
65.0	Bronchoscopy
	Chest X Ray
	CT Scan
	Mediastinoscopy
Soll	MRI
	PET
IK WILL	Sputum
	Surgical Pathology
1/V _C O'	TBNA
5,70	Thoracoscopy
- OX	Thoracotomy
X *	TTNA
O`	Other, specify
Was test performed since last Study Evaluation and Diagnosis form	No
was completed?	Yes

Folder: 1 year Follow up

Form: Study Evaluation and Diagnosis- Pt III

	Unknown
Date of test	
Was test used to establish diagnosis described above?	No
	Yes
Upload Report	X
Diagnostic Test Type	Biopsy
	Bone Scan
	Bronchoscopy
	Chest X Ray
	CT Scan
	Mediastinoscopy
4 4	MRI
1/ '^C^	PET
OK. IK.	Sputum
	Surgical Pathology
	TBNA
	Thoracoscopy
62,0	Thoracotomy
	TTNA
Westernal size I Market Street Discussion forms	Other, specify
was test performed since last study exactation and Diagnosis form	No
was completed?	Yes
	Unknown
Date of test	
Was test used to establish diagnosis described above?	No
,\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Yes
Upload Report	<u> </u>
Diagnostre-Test Type	Biopsy
	Bone Scan
O`	Bronchoscopy
	Chest X Ray
	CT Scan

Folder: 1 year Follow up

Form: Study Evaluation and Diagnosis- Pt III

	Mediastinoscopy
	MRI
	PET
	Sputum
	Surgical Pathology
	TBNA
	Thoracoscopy
	Thoracotomy
	TTNA
	Other, specify
Was test performed since last Study Evaluation and Diagnosis form	No
was completed?	Yes
	Unknown
Date of test	<u> </u>
Was test used to establish diagnosis described above	No
02 42	Yes
Upload Report	<u> </u>
Diagnostic Test Type	Biopsy
	Bone Scan
	Bronchoscopy
	Chest X Ray
	CT Scan
8 4	Mediastinoscopy
Profit	MRI
	PET
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Sputum
5,0	Surgical Pathology
	TBNA
	Thoracoscopy
O'	Thoracotomy
Upload Report Diagnostic Test Type	TTNA
	Other, specify

Folder: 1 year Follow up

Form: Study Evaluation and Diagnosis- Pt III

Was test performed since last Study Evaluation and Diagnosis form	No
was completed?	Yes
	Unknown
Date of test	
Was test used to establish diagnosis described above?	No
	Yes
Upload Report	
Diagnostic Test Type	Biopsy
	Bronchoscopy
	Chest X Ray
7 4	CT Scan
	Mediastinoscopy
and the second	MRI
,0,0,	PET
02 40	Sputum
	Surgical Pathology
65,04	TBNA
	Thoracoscopy
	Thoracotomy
	TTNA
Was test performed since last Study Evaluation and Diagnosis form was completed?	Other, specify
Was test performed since last Study Evaluation and Diagnosis form	No
was completed?	Yes
C. I MI	Unknown
Date of test	
Was test used to establish diagnosis described above?	No
- 02/	Yes
Upload Report	<u> </u>
Diagnostic Test Type	Biopsy
	Bone Scan
	Bronchoscopy

Folder: 1 year Follow up

Form: Study Evaluation and Diagnosis- Pt III

_	
	Chest X Ray
	CT Scan
	Mediastinoscopy
	MRI
	PET
	Sputum
	Surgical Pathology
	TBNA
	Thoracoscopy
	Thoracotomy
	TTNA
1	Other, specify
Was test performed since last Study Evaluation and Diagnosis for	m No
was completed?	Yes
0'~\	Unknown
Date of test	<u> </u>
Was test used to establish diagnosis described above?	No C
5	Yes
Helead Benert	1650
Upload Report	
Upload Report Diagnostic Test Type	Biopsy
	Bone Scan
22/4	Bronchoscopy
	Chest X Ray
IL WALL	CT Scan
K ON	Mediastinoscopy
	MRI
2, 00	PET
- 0-	Sputum
JA PL	Surgical Pathology
O`	TBNA
	Thoracoscopy
	Thoracotomy
	TTNA

Folder: 1 year Follow up

10FEB2020 (914)

Form: Study Evaluation and Diagnosis- Pt III

	Other, specify
Was test performed since last Study Evaluation and Diagnosis form	No
was completed?	Yes
	Unknown
Date of test	
Was test used to establish diagnosis described above?	No
	Yes
Upload Report	191
Diagnostic Test Type	Biopsy
	Bone Scan
	Bronchoscopy
4 4	Chest X Ray
\\`\\`\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	CT Scan
OF IF	Mediastinoscopy
	MRI
	PET
	Sputum
65.0	Surgical Pathology
	TBNA
	Thoracoscopy
	Thoracotomy
5010	TTNA
Was test performed since last Study Evaluation and Diagnosis form	Other, specify
Was test performed since last Study Evaluation and Diagnosis form	No
was completed?	Yes
	Unknown
Date of test	
Was test used to establish diagnosis described above?	No
	Yes
Upload Report	
Diagnostic Test Type	Biopsy
	Bone Scan
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Folder: 1 year Follow up

Form: Study Evaluation and Diagnosis- Pt III

-	
	Bronchoscopy
	Chest X Ray
	CT Scan
	Mediastinoscopy
	MRI
	RET
	Sputum
	Surgical Pathology
	TBNA
	Thoracoscopy
	Thoracotomy
. 1	TTNA
	Other, specify
Vas test performed since last Study Evaluation and Diagnosis for	No
vas completed?	Yes
02 42	Unknown
Pate of test	
Vas test used to establish diagnosis described above?	No
	Yes
Jpload Report	
piagnostic Test Type	Biopsy
	Bone Scan
8	Bronchoscopy
12 M	Chest X Ray
.C. I MI	CT Scan
(100)	Mediastinoscopy
51,0	MRI
Piagnostic Test Type	PET
XX	Sputum
)`	Surgical Pathology
	TBNA
	Thoracoscopy
	Thoracotomy

Folder: 1 year Follow up

Form: Study Evaluation and Diagnosis- Pt III

	TTNA
	Other, specify
Was test performed since last Study Evaluation and Diagnosis form	No O
vas completed?	Yes
	Unknown
Date of test	1/2
Vas test used to establish diagnosis described above?	No
	Yes
Jpload Report	
Diagnostic Test Type	Biopsy
	Bone Scan
7 ~ (Bronchoscopy
	Chest X Ray
	CT Scan
	Mediastinoscopy
	MRI
	PET
500	Sputum
	Surgical Pathology
	TBNA
	Thoracoscopy
5.40	Thoracotomy
	TTNA
Diagnostic Test Type Vas test performed linke last Study Evaluation and Diagnosis form	Other, specify
	No
vas completed?	Yes
2, 70	Unknown
Pate of test	
Vas test used to establish diagnosis described above?	No
	Yes
Jpload Report	<u></u>

Folder: 1 year Follow up

Form: Surgical Lung Specimens- Formalin Fixed

Kit Barcode	
Date Specimen Mailed	
Biospecimen Type	Formalin Fixed Tumor Tissue
	Formalin Fixed Normal Tissue
Barcode Sequence #	73
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/thaw occur?	No Yes Unknown
If yes to freeze/thaw- Total # of Times	7 4.
If yes to freeze/thaw- length of each time	\\`_C\\
Comments	3,12
Biospecimen Type	Formalin Fixed Tumor Tissue Formalin Fixed Normal Tissue
Barcode Sequence #	75
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/thaw occur?	No Yes
- B K	Unknown
If yes to freeze thaw- Total # of Times	
If yes to freeze/thave length of each time	
Comments	
2, 70	
- 02	
X \	
O`	

Folder: 1 year Follow up

Form: Surgical Lung Specimens- Fresh Frozen

Kit Barcode	
Date Specimen Mailed	
Biospecimen Type	Fresh Frozen Tumor Tissue
	Fresh Frozen Normal Tissue
Barcode Sequence #	
Check if specimen included	
Storage Temp	Fixed Unit: °C
Did any freeze/thaw occur?	No Yes Unknown
If yes to freeze/thaw- Total # of Times	7 4.
If yes to freeze/thaw- length of each time	V CV
Comments	2, 15-
Biospecimen Type	Fresh Frozen Tumor Tissue Fresh Frozen Normal Tissue
Barcode Sequence #	7
Check if specimen included	
Storage Temp	Fixed Unit: °C
Did any freeze/thaw occur?	No
5 11	Yes
	Unknown
If yes to freezerhaw- Total # of Times	
If yes to freeze/thave length of each time	
Comments	
8 10	
- 0	
1	
\mathcal{O}	

Folder: 1 year Follow up Form: CT Imaging

Did CT commence?	N
Dia of commence.	Ye
Reason imaging did not commence	Adverse Even
Reason imaging did not commence	Claustrophobi
	Equipment failure/erro
	Injection complication
	Other (specify additiona intormation
	Participant refusa
	Unknow
Date of Imaging	
	1 7
	7
	0/1/2
	2
65.0	
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8 4	
, Q, , NV	
CI MA	
TE ONLY	
CITE COMPA	
SIECONIN	
SIECOMIN	
Date of Imaging Strict Resident Strict Reside	
SILECOMINA	
SITECONIN	
SIECOMIN	

Folder: 1 year Follow up- Biospecimen Collection

Form: Blood Collection

Was blood collection performed?	No
	Yes
	Unknown
Reason blood collection not performed	Sample not collected
	Collection tubes broken
	Patient Refusal
	Adverse Event
	Site error
	Other, specify
Date of Blood Collection	Fixed Unit: MMM dd yyyy
	0
Time of blood collection	Fixed Unit: HH:mm
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Were any adverse events that are considered possibly, probably, or	No
definetly related to the study-related biospecimen collection procedures reported?	Yes
procedures reported:	Unknown
Was plasma collection performed?	No
(S) (O)	Yes
	Unknown
Were plasma samples processed and stored within 2 hours of blood	No
collection?	Yes
25.77	Unknown
Did plasma samples undergo centrifugation within 2 hours of blood	No
collection?	Yes
K ON	Unknown
Primary reason plasma collection was not performed	Sample not collected
2,70	Collection tubes broken
- , Q_v	Patient Refusal
	Adverse Event
\mathcal{S}	Site error
	Other, specify
Was plasma collection performed per protocol?	No O

Folder: 1 year Follow up- Biospecimen Collection

Form: Blood Collection

Generated Sir. 05 11p1 2020 1012010 1	
	Yes
	Unknown
Primary reason plasma collection was not performed per protocol	Collection Tube(s) broke
	Missing Materials
	Site error
	Storage not per protocol
	Other, specify
Was buffy coat collection performed?	No
	Yes
	Unknown
Primary reason buffy coat collection was not performed	Sample not collected
7	Collection tubes broken
	Patient Refusal
	Adverse Event
	Site error
Primary reason buffy coat collection was not performed	Other, specify
Was buffy coat collection performed per protocol?	No
,65,0	Yes
	Unknown
Primary reason buffy coat collection was not performed per	Collection Tube(s) broke
protocol	Missing Materials
25/4	Site error
	Storage not per protocol
III III	Other, specify
Was serum collection performed?	No
61.0	Yes
	Unknown
Primary reason serum collection was not performed	Sample not collected
	Collection tubes broken
\mathcal{I}	Patient Refusal
•	Adverse Event
	Site error

Folder: 1 year Follow up- Biospecimen Collection

Form: Blood Collection

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Generated On: 09 Apr 2020 15:26:54

	Other, specify
Was serum collection performed per protocol?	No
	Yes
	Unknown
Primary reason serum collection was not performed per protocol	Collection Tube(s) broke
	Missing Materials
	Site error
	Storage not per protocol
	Other, specify
Vas PAX gene collection performed?	No
1	Yes
, 7	Unknown
Primary reason PAX genecollection was not performed	Sample not collected
0,01	Collection tubes broken
200	Patient Refusal
10,00	Adverse Event
65° 012	Site error
	Other, specify
Was PAX gene collection performed per protocol?	No Vac
	Yes Unknown
Discourse DAY	
Primary reason PAX gene collection was not performed per protocol	Collection Tube(s) broke Missing Materials
IK april	Site error
K ON!	Storage not per protocol
	Other, specify
Vas streck collection performed?	No
	Yes
	Unknown
rimary reason streck collection was not performed	Sample not collected
-	Collection tubes broken
	Patient Refusal
Oraft 18.0 version 1.0 MIGPROD	225 211
Tare 10.0 version 1.0 miles ROD	228 of 44

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Folder: 1 year Follow up- Biospecimen Collection

Form: Blood Collection

•	
	Adverse Event
	Site error
	Other, specify
Vas streck collection performed per protocol?	No
	Xes
	Unknown
rimary reason streck collection was not performed per protocol	Collection Tube(s) broke
rimary reason streek conceiton was not performed per protocor	Missing Materials
	Site error
	Storage not per protocol
	Other, specify
N DDIVO II di Control	
Vas PBMC collection performed?	No
7/0	Yes
0,7),	Unknown
Primary reason PBMC collection was not performed per protocol	Collection Tube(s) broke
0, 2	Missing Materials
SIST	Site error
6,0,	Storage not per protocol
	Other, specify
Was PBMC collection perfornted per protocol?	No
	Yes
25/4	Unknown
ube Type	Purple Top Venous Blood
XX ON.	Collection Tube
	Red Top Venous Blood Collection Tube
2 (1)	PAXgene tube
	Yellow Top Venous Blood
\'	Collection Tube
	Streck Tube
heck if tube collected	
Leason Tube Not Collected	Patient Refused

Folder: 1 year Follow up- Biospecimen Collection

Form: Blood Collection

•	
	Adverse Event
	Site Error
	Unknown
	Other, specify
Гиве Туре	Purple Top Venous Blood
	Collection Tube
	Red Top Venous Blood Collection Tube
	PAXgene tube
	Yellow Top Venous Blood
	Collection Tube
	Streck Tube
Check if tube collected	1 4
Reason Tube Not Collected	Patient Refused
	Adverse Event
	Site Error
4	Unknown
,0	Patient Refused Adverse Event Site Error Unknown Other, specify
Tube Type Check if tube collected.	Purple Top Venous Blood
119.50	Collection Tube
	Red Top Venous Blood Collection Tube
(A).	PAXgene tube
S 10°	Yellow Top Venous Blood
00	Collection Tube
	Streck Tube
Check if tube collected	
Reason Tube Not Collected	Patient Refused
	Adverse Event
2,70	Site Error
	Unknown
< ` · · · · · · · · · · · · · · · · · ·	Other, specify
Fabe Type	Purple Top Venous Blood
	Collection Tube
	Red Top Venous Blood
	Collection Tube

Folder: 1 year Follow up- Biospecimen Collection

Form: Blood Collection

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	PAXgene tube
	Yellow Top Venous Blood
	Collection Tube
	Streck Tube
Check if tube collected	<u> </u>
Reason Tube Not Collected	Patient Refused
	Adverse Event
	She Error
	Unknown
	Other, specify
Tube Type	Purple Top Venous Blood Collection Tube
	Red Top Venous Blood
	Collection Tube
	Red Top Venous Blood Collection Tube PAXgene tube Yellow Top Venous Blood Collection Tube Streck Tube
	Yellow Top Venous Blood
4	Collection Tube
	Streck Tube
Check if tube collected	
Reason Tube Not Collected	Patient Refused
	Adverse Event
0,10	Site Error
	Unknown
Reason Tube Not Collected	Other, specify
	Down Tron Voca - Discilor
Tube Type	Purple Top Venous Blood Collection Tube
CITE COMPA	Red Top Venous Blood
	Collection Tube
	PAXgene tube
2, ⁷ 0	Yellow Top Venous Blood
- 0	Collection Tube
X	Streck Tube
Check if tube collected	
Reason Tube Not Collected	Patient Refused
	Adverse Event
	Site Error
D. 6.10.0' 1.0 MICPDOD	
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Folder: 1 year Follow up- Biospecimen Collection

Form: Blood Collection

	Unknown
	Other, specify
Calla Tarra	Donale Ten Venera Dised
Γube Type	Purple Top Venous Blood Collection Tube
	Red Top Venous Blood
	Collection Tube
	PAXgene tube
	Yellow Top Venous Blood
	Collection Tube
	Streck Tube
Check if tube collected	
Reason Tube Not Collected	Patient Refused
xeason Tube Not Conceted	Adverse Event
	Adverse Eveni
	Site Error
	Unknown
	Other, specify
Tube Type	Adverse Event Site Error Unknown Other, specify Purple Top Venous Blood
Tube Type	Collection Tube
	Red Top Venous Blood
65.0	Collection Tube
	PAXgene tube
	Yellow Top Venous Blood
(6, (7)	Collection Tube
	Streck Tube
Tube Type Check if tube collected	
Zoncon Tirbo Mot Callocted	Patient Refused
IK WILL	Adverse Event
	Site Error
××-0,	
	Unknown
Silver of Content of C	Other, specify
X '	
),	
<i></i>	

Folder: 1 year Follow up-Biospecimen Collection Form: Blood Collection Aliquots- Required Generated On: 09 Apr 2020 15:26:54

Total # of Aliquots prepared from the Blood Collection	
If all aliquots listed were put into the same freezer on date/time and freezer temp in the fields below. Please	
Did all of the listed aliquots go into the same freezer at t	he same No
date/time?	Xes C
	Hrknown
Temperature of Freezer for All Aliquots	
Date/Time into Freezer for All Aliquots	
The below table is prefilled with the expected blood coll	-
should reflect the actual samples processed/collected. The	
total number of rows in the table. If PBMC preparation	
details of the aliquots should not be recorded on this	
Blood Collection Form and/or Buffy Coat Collection	
Collection Type	Plasma Collection
	Buffy Coat Collection
conceilon Type CSION OF	Serum Collection
~~ (P)	PAX Gene
0,0,	PBMC
SIN	I BIVIC
	Streck
Check if collected	
Amount of aliquot in vial/tube	Fixed Unit: mL
Date and Time into -20 Preezer	
Temperature of Free er	
Data and Time into -80° Freezer	
Did any freeze-thaw occur?	
	Yes
	Unknown
2,00	\bigcup
Temperature of freezer	Fixed Unit: °C
X	
Comments regarding freeze-thaw	
Other comments	
Collection Type	Plasma Collection

Folder: 1 year Follow up- Biospecimen Collection Form: Blood Collection Aliquots- Required Generated On: 09 Apr 2020 15:26:54

Amount of aliquot in vial/tube Date and Time into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer Did any freeze-thaw occur? Temperature of freezer Did any freeze-thaw occur? Fixed Unit: °C Comments regarding freeze-thaw Other comments Collection Type Plasma Collection Buffy Coat Collection Serum Collection PAX Gene PBMC Streck		Buffy Coat Collection
Check if collected Amount of aliquot in vial/tube Date and Time into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer Did any freeze-thaw occur? Temperature of freezer Did any freeze-thaw occur? Temperature of freezer Comments regarding freeze-thaw Other comments Collection Type Plasma Collection Buffy Coat Collection Serum Collection PAX Gene PBMC Streck Check is collected Amount of aliquot in vial/tube Fixed Unit: mL Date and Type into -20° Freezer Temperature of Freezer Temperature of Freezer Data and Time into -80° Freezer		Serum Collection
Check if collected Amount of aliquot in vial/tube Date and Time into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer Did any freeze-thaw occur? Temperature of freezer Did any freeze-thaw occur? Temperature of freezer Comments regarding freeze-thaw Other comments Collection Type Plasma Collection Buffy Coat Collection Serum Collection PAX Gene PBMC Streck Check it collected Amount of aliquot in vial/tube Fixed Unit: mL Date and Fupe into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer		PAX Gene
Check if collected Amount of aliquot in vial/tube Date and Time into -20° Freezer Temperature of Freezer Did any freeze-thaw occur? No Yes Unknown Temperature of freezer Comments regarding freeze-thaw Other comments Collection Type Plasma Collection Buffy Coat Collection Serum Collection PAX Gene PBMC Streck Check if collected Amount of aliquot in vial/tube Fixed Unit: mL Date and Time into -20° Freezer Temperature of Freezer Temperature of Freezer		РВМС
Amount of aliquot in vial/tube Date and Time into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer Did any freeze-thaw occur? No Yes Unknown Temperature of freezer Comments regarding freeze-thaw Other comments Collection Type Plasma Collection Buffy Coat Collection Serum Collection PAX Gene PBMC Streck Check if collected Amount of aliquot it vial/tube Date and Nuc into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer Data and Time into -80° Freezer Did any freeze-thaw occur? No Yes No Yes		Streck
Date and Time into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer Did any freeze-thaw occur? Temperature of freezer Comments regarding freeze-thaw Other comments Collection Type Plasma Collection Buffy Coat Collection PAX Gene PBMC Streck Check it collected Amount of aliquot in vial/tube Fixed Unit: mL Date and Func into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer Data and Time into -80° Freezer Data and Time into -80° Freezer Did any freeze-thaw occur? No Yes	Check if collected	<u> </u>
Date and Time into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer Did any freeze-thaw occur? Temperature of freezer Comments regarding freeze-thaw Other comments Collection Type Plasma Collection Buffy Coat Collection PAX Gene PBMC Streck Check it collected Amount of aliquot in vial/tube Fixed Unit: mL Date and Func into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer Data and Time into -80° Freezer Data and Time into -80° Freezer Did any freeze-thaw occur? No Yes	Amount of aliquot in vial/tube	Fixed Unit: mL
Temperature of Freezer Data and Time into -80° Freezer Did any freeze-thaw occur? Did any freeze-thaw occur? Temperature of freezer Comments regarding freeze-thaw Other comments Collection Type Plasma Collection Buffy Coat Collection Serum Collection PAX Gene PBMC Streck Check if collected Amoda ovaliquent in vial/tube Fixed Unit: mL Date and Type into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer Did any freeze-thaw occur? No Yes	-	in
Data and Time into -80° Freezer Did any freeze-thaw occur? No Yes Unknown Temperature of freezer Comments regarding freeze-thaw Other comments Collection Type Plasma Collection Buffy Coat Collection Serum Collection PAX Gene PBMC Streck Check if collected Amount of aliquot in vial/tube Fixed Unit: mL Date and Time into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer Did any freeze-thaw occur? No Yes	Date and Time into -20° Freezer	- C
Did any freeze-thaw occur? No Yes Unknown Temperature of freezer Fixed Unit: °C Comments regarding freeze-thaw Other comments Collection Type Plasma Collection Buffy Coat Collection Serum Collection PAX Gene PBMC Streck Check if collected Amount of aliquot it vial/tube Date and Time into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer Data and Time into -80° Freezer Data and Time into -80° Freezer	Temperature of Freezer	
Temperature of freezer Comments regarding freeze-thaw Other comments Collection Type Plasma Collection Buffy Coat Collection Serum Collection PAX Gene PBMC Streck Check if collected Amount of aliquot it vial/tube Temperature of Freezer	Data and Time into -80° Freezer	
Temperature of freezer Comments regarding freeze-thaw Other comments Collection Type Plasma Collection Buffy Coat Collection Serum Collection PAX Gene PBMC Streck Check it collected Amount of aliquot in vial/tube Temperature of Freezer Temperature of Freezer Data and Time into -80° Freezer Did any freeze-thaw occur? No Yes	Did any freeze-thaw occur?	No
Temperature of freezer Comments regarding freeze-thaw Other comments Collection Type Plasma Collection Buffy Coat Collection Serum Collection PAX Gene PBMC Streck Check if collected Amount of aliquot in vial/tube Date and Type into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer Did any freeze-thaw occur? Fixed Unit: "C Plasma Collection Buffy Coat Collection Serum Collection Fax Gene PBMC Streck No Yes	, ~	Yes
Comments regarding freeze-thaw Other comments Collection Type Plasma Collection Buffy Coat Collection PAX Gene PBMC Streck Check if collected Amount of aliquot in vial/tube Fixed Unit: mL Date and Fine into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer Data and Time into -80° Freezer Did any freeze-thaw occur? No Yes	4	Unknown
Comments regarding freeze-thaw Other comments Collection Type Plasma Collection Buffy Coat Collection PAX Gene PBMC Streck Check if collected Amount of aliquot in vial/tube Fixed Unit: mL Date and Fine into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer Data and Time into -80° Freezer Did any freeze-thaw occur? No Yes	Temperature of freezer	Fixed Unit: °C
Other comments Collection Type Plasma Collection Buffy Coat Collection Serum Collection PAX Gene PBMC Streck Check if collected Amount of aliquot in vial/tube Pixed Unit: mL Date and Type into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer Did any freeze-thaw occur? No Yes	2 CO	Tinea cine.
Other comments Collection Type Plasma Collection Buffy Coat Collection Serum Collection PAX Gene PBMC Streck Check if collected Amount of aliquot in vial/tube Pixed Unit: mL Date and Type into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer Did any freeze-thaw occur? No Yes	Comments regarding freeze-thaw	
Collection Type Plasma Collection Buffy Coat Collection Serum Collection PAX Gene PBMC Streck Check if collected Amount of aliquot in vial/tube Fixed Unit: mL Date and Type into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer Did any freeze-thaw occur? No Yes		
Check if collected Amount of aliquot in vial/tube Date and Type into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer Did any freeze-thaw occur? No Yes		Plasma Collection
Check if collected Amount of aliquot in vial/tube Date and Type into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer Did any freeze-thaw occur? No Yes	Conceilon Type	
Check if collected Amount of aliquot in vial/tube Date and Type into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer Did any freeze-thaw occur? No Yes		
Check if collected Amount of aliquot in vial/tube Date and Type into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer Did any freeze-thaw occur? No Yes		
Check if collected Amount of aliquot in vial/tube Date and Type into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer Did any freeze-thaw occur? No Yes	5 4	
Check if collected Amount of aliquot in vial/tube Date and Type into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer Did any freeze-thaw occur? No Yes		
Amount of aliquot in vial/tube Date and Type into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer Did any freeze-thaw occur? No Yes		Streck
Date and Time into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer Did any freeze-thaw occur? No Yes	Check if collected	
Temperature of Freezer Data and Time into -80° Freezer Did any freeze-thaw occur? No Yes	Amount of aliquot in vial/tube	Fixed Unit: mL
Temperature of Freezer Data and Time into -80° Freezer Did any freeze-thaw occur? No Yes	5,0	
Data and Time into -80° Freezer Did any freeze-thaw occur? No Yes		
Did any freeze-thaw occur? No Yes	A = 1	
Yes		
	Did any freeze-thaw occur?	No
Unknown		Yes
		Unknown

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Temperature of freezer	Fixed Unit: °C
George de la constant	
Comments regarding freeze-thaw Other comments	
Collection Type	Plasma Collection
	Buffy Coat Collection
	Serum Collection
	PAX Gene
	PBMC
	Streck
Check if collected	
	Fixed Unit: mL
Amount of aliquot in vial/tube	Fixed Unit: mL
Date and Time into -20° Freezer	2
Temperature of Freezer	
Data and Time into -80° Freezer	
Did any freeze-thaw occur?	No
S	Yes
5,0	Unknown
Temperature of freezer	Fixed Unit: °C
Temperature of freezer	1-ixed Ollit. C
Comments regarding freeze-thaw	
Other comments	
Collection Type	Plasma Collection
	Buffy Coat Collection
ILK OW	Serum Collection
	PAX Gene
5 4	РВМС
- O-A	Streck
<u> </u>	Succe
Check if collected	
Amount of aliquot in vial/tube	Fixed Unit: mL
Date and Time into -20° Freezer	
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Temperature of Freezer	
Data and Time into -80° Freezer	
Did any freeze-thaw occur?	No
	Yes
	Unknown
Temperature of freezer	Fixed Unit: °C
Comments regarding freeze-thaw	
Other comments	
Collection Type	Plasma Collection
	Briffy Coat Callaction
	Serum Collection PAX Gene PBMC Streck
	PAX Gene
•	PRINCO
	PBMC
	Streck
Check if collected	<u> </u>
Amount of aliquot in vial/tube	Fixed Unit: mL
(S, O)	
Date and Time into -20° Freezer	
Temperature of Freezer	
Data and Time into -80° Freezer	
Did any freeze-thaw occur!	No
25/4	Yes
	Unknown
Temperature of freezer	Fixed Unit: °C
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Comments regarding freeze-thaw	
Other comments	
Collection Type	Plasma Collection
<u>`</u>	Buffy Coat Collection
\mathcal{S}	Serum Collection
•	PAX Gene
	PBMC
	1 BNIC
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	Streck
Check if collected	
Amount of aliquot in vial/tube	Fixed Unit: mL
Date and Time into -20° Freezer	
Temperature of Freezer	
Data and Time into -80° Freezer	
Did any freeze-thaw occur?	No
	Yes
	Unknown
Temperature of freezer	Fixed Unit: °C
1	
Comments regarding freeze-thaw	
Other comments	
Collection Type	Plasma Collection
Collection Type	Buffy Coat Collection
,0, , ,	Serum Collection
SICH	PAX Gene
	PBMC
	Streck
	Succin
Check if collected Amount of aliquot in via tube	Fixed Unit: mL
Amount of anquot incomptude	Fixed Unit: IIIL
Date and Time into -20° Freezer	_
Temperature of Freeze	
Data and Time into 80° Freezer	No.
Did any freeze-thaw occur?	No O
- 02	Yes
<u> </u>	Unknown
Temperature of freezer	Fixed Unit: °C
Comments regarding freeze-thaw	
Other comments	
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Collection Type	Plasma Collection
	Buffy Coat Collection
	Serum Collection
	PAX Gene
	РВМС
	Sheck
Check if collected	
Amount of aliquot in vial/tube	Fixed Unit: mL
Date and Time into -20° Freezer	
Temperature of Freezer	
Data and Time into -80° Freezer	
Did any freeze-thaw occur?	No
-	Yes
\circ	Unknown
Temperature of freezer	Fixed Unit: °C
Temperature of neezer) including the control of the contr
Comments regarding freeze-thaw	
Other comments	
	Plasma Collection
Collection Type	Buffy Coat Collection
	Serum Collection
2 70	
	PAX Gene
IK WILL	PBMC
	Streck
Check if collected	
Amount of aliquot in vial/tube	Fixed Unit: mL
Date and Time into -20° Freezer	
Temperature of Freezer	
Data and Time into -80° Freezer	
Did any freeze-thaw occur?	No
	Yes
Dueft 10 O comion 1 O MICPROD	
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	Unknown
Temperature of freezer	Fixed Unit: °C
Comments regarding freeze-thaw	
Other comments	
Collection Type	Plasma Collection
	Buffy Coat Collection
	Serum Collection
	PAX Gene
	PBMC
	Streck
Check if collected	7 (
Amount of aliquot in vial/tube	Fixed Unit: mL
	70,120
Date and Time into -20° Freezer	
Temperature of Freezer	
Data and Time into -80° Freezer	
Did any freeze-thaw occur?	No
	Yes
	Unknown
Temperature of freezer	Fixed Unit: °C
Comments regarding freeze than	
Other comments	
Collection Type	Plasma Collection
XX.0/	Buffy Coat Collection
S) C	Serum Collection
	PAX Gene
	PBMC
`	Streck
Check if collected	
Amount of aliquot in vial/tube	Fixed Unit: mL
	The one in

Folder: 1 year Follow up- Biospecimen Collection Form: Blood Collection Aliquots- Required Generated On: 09 Apr 2020 15:26:54

Date and Time into -20° Freezer	
Temperature of Freezer	
Data and Time into -80° Freezer	
Did any freeze-thaw occur?	No
	Yes
	Unknown
Temperature of freezer	Hxed Unit: °C
Temperature of freezer	Act ont. C
Comments regarding freeze-thaw	
Other comments	
Collection Type	Plasma Collection
	Buffy Coat Collection
	Serum Collection
	Buffy Coat Collection Serum Collection PAX Gene PBMC Streck
	РВМС
	Streck
	Streek
Check if collected	
Amount of aliquot in vial/tube	Fixed Unit: mL
Date and Time into -20° Freezer	
Temperature of Freezer	
Data and Time into -80° Freezer	
Did any freeze-thaw occur?	No
	Yes
IL WILL	Unknown
Temperature of freezer	Fixed Unit: °C
remperature of neezer	Fixed Offit. C
5,0	
Comments regarding freeze-thaw	
Other comments	
Collection Type	Plasma Collection
\mathcal{O}	Buffy Coat Collection
-	Serum Collection
	PAX Gene
	77117 36110

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	PBMC
	Streck
Check if collected	
Amount of aliquot in vial/tube	Fixed Unit: mL
Date and Time into -20° Freezer	
Temperature of Freezer	
Data and Time into -80° Freezer	
Did any freeze-thaw occur?	No
	Yes
	Unknown
Temperature of freezer	Fixed Unit: °C
Temperature of freezer	Tixed clint.
Comments regarding freeze-thaw	
Other comments	
Collection Type	Plasma Collection
, O S	Buffy Coat Collection
SIS	Serum Collection
· 65,0°	
	PAX Gene
Check if collected	PBMC
	Streck
Check if collected	
Amount of aliquet in vial/tube	Fixed Unit: mL
Profit	
Date and Time into 20 Freezer	
Temperature of Freezer	
Data and Time into -80° Freezer	
Did any freeze-thaw occur?	No
	Yes
	Unknown
Femperature of freezer	Fixed Unit: °C
Comments regarding freeze-thaw	
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Folder: 1 year Follow up- Biospecimen Collection

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Folder: 1 year Follow up- Biospecimen Collection Form: Blood Collection Aliquots- Buffy Coat

Collection Type	Plasma Collection
	Buffy Coat Collection
	Serum Collection
	PAX Gene
	РВМС
	Streck
Check if collected	
VIal/Tube Type	2mL cryovials
	5mL cryovial
	15mL cryovial
	PAXgene Blood RNA tube
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
	P
Did any freeze-thaw occur to the sample?	No O
6 CO	Yes
	Unknown
Comments regarding freeze- thaw	$\underline{\hspace{0.5cm}}$
Other comment	
Collection Type	Plasma Collection
Contention Type	Buffy Coat Collection
S	Serum Collection
8 4	PAX Gene
,27,110	PBMC
	Streck
	Siteek
Check is collected	2
vian i uod i ype	2mL cryovials
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5mL cryovial
	15mL cryovial
J	PAXgene Blood RNA tube
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C

Folder: 1 year Follow up- Biospecimen Collection Form: Blood Collection Aliquots- Buffy Coat

Did any freeze-thaw occur to the sample?	No
	Yes
	Unknown
Comments regarding freeze- thaw	
Other comment	
Collection Type	Plasma Collection
71	Buffy Coat Collection
	Secuti Collection
	PAX Gene
	PBMC
	Streck
Check if collected	
	2mL organials
VIal/Tube Type	2mL cryovials 5mL cryovial
0,	15mL cryovial
4 (15mL cryovial
0, 5	PAXgene Blood RNA tube
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
Did one from those of the country is a small	No.C
Did any freeze-thaw occur to the sample?	No O
	Yes
22/2/	Unknown
Comments regarding freeze, thaw	
Other commen	
Collection Type	Plasma Collection
	Buffy Coat Collection
2. 10	Serum Collection
- Q-V	PAX Gene
,	PBMC
) ·	Streck
Check if collected	
VIal/Tube Type	2mL cryovials
	O

Folder: 1 year Follow up- Biospecimen Collection Form: Blood Collection Aliquots- Buffy Coat

	5mL cryovial
	15mL cryovial
	PAXgene Blood RNA tube
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: C
Did any freeze-thaw occur to the sample?	No
	Yes
	Unknown
Comments regarding freeze- thaw	
Other comment	
Collection Type	Plasma Collection
	Plasma Collection Buffy Coat Collection Serum Collection PAX Gene PBMC Streck
	Serum Collection
	PAX Gene
of c	РВМС
	Streck
Check if collected	
VIal/Tube Type	2mL cryovials
VIal/Tube Type	5mL cryovial
	15mL cryovial
5 2	PAXgene Blood RNA tube
Date and Time into Preezer	
Temperature of Freezer	Fixed Unit: °C
K ON!	
Did any freeze-thaw occur to the sample?	No
2,10	Yes
- 0-	Unknown
Comments regarding freeze- thaw	
Other comment	
Collection Type	Plasma Collection
	Buffy Coat Collection

Folder: 1 year Follow up- Biospecimen Collection Form: Blood Collection Aliquots- Buffy Coat

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•	
	Serum Collection
	PAX Gene
	РВМС
	Streck
Check if collected	
VIal/Tube Type	2mL cryovials
Viai/Tube Type	5m ervovial
	DAY
	PAXgene Rlood RNA tube
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
	1 4.
Did any freeze-thaw occur to the sample?	No
	Yes
, O'	Unknown
Comments regarding freeze- thaw	
Other comment	
Check if collected	Plasma Collection
	Buffy Coat Collection
	Serum Collection
	PAX Gene
50	РВМС
8	Streck
Check if collected	
VIal/Tube/Type	2mL cryovials
XX, O/2	5mL cryovial
6,0	15mL cryovial
	PAXgene Blood RNA tube
	1 AAgene Blood RIVA tube
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
Did any freeze-thaw occur to the sample?	No
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Folder: 1 year Follow up- Biospecimen Collection Form: Blood Collection Aliquots- Buffy Coat

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Comments regarding freeze- thaw Other comment C	Unknown
Comments regarding freeze- thaw	
Other comment	
	X \
	.41
	ielle
1	
\prec	
	20'
65.0	
on the	
, Q_V _ NV	
11 11/2	
XX ON	
1. C.	
7	
•	

Folder: 1 year Follow up- Biospecimen Collection

Form: Blood Collection Aliquots- PBMC Generated On: 09 Apr 2020 15:26:54

Date and Time of Start of PBMC Processing	Fixed Unit: MMM dd yyy HH:MM
PBMC count	Fixed Unit: 10 ⁶ cells/mL
Collection Type	Plasma Collection
	Buffy Coat Collection
	Serum Collection
	PAX Gene
	PBMC
	Streck
Check if collected	
VIal/Tube Type	2mL cryovials 5mL cryovial 15mL cryovial
	5mL cryovial
	15mL cryovial
	PAXgene Blood RNA tube
Number of Cells	
LTGO volume	
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
Did any freeze-thaw occur to the sample?	No O
80 00	Yes
8 4	Unknown
Comments regarding freeze—thaw	
Other comment	
Collection Type	Plasma Collection
5, 70	Buffy Coat Collection
- 02	Serum Collection
X *	PAX Gene
),	PBMC
	Streck
Check if collected	<u>U</u>

Folder: 1 year Follow up- Biospecimen Collection

Form: Blood Collection Aliquots- PBMC Generated On: 09 Apr 2020 15:26:54

VIal/Tube Type	2mL cryovials
	5mL cryovial
	15mL cryovial
	PAXgene Blood RNA tube
Number of Cells	
LTGO volume	
Date and Time into Freezer	
Temperature of Freezer	fixed Unit: ℃
Did any freeze-thaw occur to the sample?	No Yes Unknown
Comments regarding freeze- thaw	
Other comment	
Check if collected VIal/Tube Type	Plasma Collection Buffy Coat Collection Serum Collection PAX Gene PBMC Streck 2mL cryovials
Number of Cells ICO volume	5mL cryovial 15mL cryovial PAXgene Blood RNA tube
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
Did any freeze-thaw occur to the sample?	No
	Yes
	Unknown

Folder: 1 year Follow up- Biospecimen Collection

Form: Blood Collection Aliquots- PBMC Generated On: 09 Apr 2020 15:26:54

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Comments regarding freeze- thaw	
Other comment	
Collection Type	Plasma Collection
	Buffy Coat Collection
	Serum Collection
	PAX Oene
	PBMC
	Streck
Check if collected	The same
	2mL cryovials
VIal/Tube Type	
	5mL cryovial
	15mL cryovial
	PAXgene Blood RNA tube
Number of Cells	17- 18-
LTGO volume	
Date and Time into Freezer	CO
Temperature of Freezer	Fixed Unit: °C
SION	-
Did any freeze-thaw occur to the sample?	No
	Yes
BY CO	Unknown
Comments regarding freeze- thaw	
Other comment	
Collection Type	Plasma Collection
W. ON.	Buffy Coat Collection
1/KOM	Serum Collection
5,0	PAX Gene (
~ ~~	PBMC
*	Streck
Check if collected	
Vial/Tube Type	2mL cryovials
••	5mL cryovial
	15mL cryovial
	15mil Cryoviai
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Folder: 1 year Follow up- Biospecimen Collection

Form: Blood Collection Aliquots- PBMC Generated On: 09 Apr 2020 15:26:54

	PAXgene Blood RNA tu
N. 1. 00 "	
Number of Cells	
LTGO volume	
Date and Time into Freezer	
Temperature of Freezer	Fixed Ur
Did any freeze-thaw occur to the sample?	Y Unknow
Comments regarding freeze- thaw	
Other comment	
MISSIOR	
Comments regarding freeze- thaw Other comment Comment Other comment Other comment Other comment	

Folder: 1 year Follow up- Biospecimen Collection Form: Urine Collection (Midstream Clean Catch)

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_	
Was urine sample collected?	No
	Yes
	Unknown
Reason urine sample was not collected	Patient Refused
	Adverse Event
	Unknown
	Other, specify
Date of Urine Sample Collection	Fixed Unit: MMM dd yyyy
•	ري.
Was urine collection performed per protocol?	No
	Yes
_	Unknown
Primary reason urine collection was not performed per protocol	Urethral Area Not Cleaned
Timilary reason urine concention was not performed per projector	Site error
,0,0,	Storage not per protocol
02 420	Unknown
0.09	Other, specify
Was a large of the City of the	
Were any adverse events that are considered possibly, probably, or definetly related to the study-related biospectation	No
procedures reported?	Yes
	Unknown
Туре	Sterile Urine Collection
0 12	Container Cryovial
	Cryoviai
Check if collected	
Date and Time into Freezer Temperature of Freezer	Fixed Unit: °C
Temperature di ricezer	Fixed Unit. C
<u></u>	N. C
Did any freeze-thaw occur to the sample?	No
	Yes
<u>J</u>	Unknown
Comments regarding freeze-thaw	
Other comments	

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Folder: 1 year Follow up- Biospecimen Collection Form: Urine Collection (Midstream Clean Catch)

Type	Sterile Urine Collection
	Container
	Cryovial
Check if collected	
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: C
Did any freeze-thaw occur to the sample?	No
	Yes
	Unknown
Comments regarding freeze-thaw	
Other comments	
Type	Sterile Urine Collection
Type	Container
	Cryovial
Check if collected	<u> </u>
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
62,04	
Did any freeze-thaw occur to the sample?	No
00,0	Yes
	Unknown
Comments regarding freeze-thaw	
Other comments	
Type	Sterile Urine Collection
	Container
, (V ₂ O),	Cryovial
Check if collected	
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
Did any freeze-thaw occur to the sample?	No No
-	Yes
	Unknown
	<u> </u>

Folder: 1 year Follow up- Biospecimen Collection Form: Urine Collection (Midstream Clean Catch)

Comments regarding freeze-thaw	
Other comments	
Type	Sterile Urine Collection Container Cryovial
Check if collected	
Date and Time into Freezer	
Temperature of Freezer	Rixed Unit: °C
Did any freeze-thaw occur to the sample?	No Yes Unknown
Comments regarding freeze-thaw	
Other comments	0
Туре	Sterile Urine Collection Container Cryovial
Check if collected	
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
Did any freeze-thaw occur to the sample?	No Yes
BULL	Unknown
Comments regarding freeze-thaw Other comments	
Other comments	

Folder: 1 year Follow up- Biospecimen Collection

Form: Nasal Brushing

Was nasal brushing performed?	No
	Yes
	Unknown
Was nasal brushing additional optional collected. (Optional nasal	No
collection is only for the three participating sites, Water Reed,	Xes
Boston University, and UCLA.	116
Primary reason nasal brushing not performed	Patient/Refused
	Adverse Event
	Missing Materials
	Site Error
	Unknown
1	Other, specify
Was nasal brushing performed per protocol?	No
W. D.	Yes
0',	Unknown
Primary reason nasal brushing not done per protocol	Storage Not Per Protocol
10,22	Missing Materials
SIN	Site Error
	Unknown
	Other, specify
Date of Nasal Brushing	Fixed Unit: MMM dd yyyy
Were any adverse events that are considered possibly, probably, or	No
definetly related to the study related biospecimen collection	Yes
procedures reported?	Unknown
Туре	Tube with RNAprotect Cell Reagent
2, 10	Single cell analysis (Optional)
- 02	Nasal Single Cell Plate
< '	(Optional)
Check if collected	
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C

Folder: 1 year Follow up- Biospecimen Collection

Form: Nasal Brushing

Did any freeze-thaw occur to the sample?	No
	Yes
	Unknown
Comments regarding freeze-thaw	——————————————————————————————————————
Other comments	
Type	Tube with RNAprotect Cell Reagent
	Single cell analysis (Optional)
	Nasal Single Cell Plate
	(Optional)
Check if collected	
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
Did any freeze-thaw occur to the sample?	No
0, 0	Yes
6,0	Unknown
Comments regarding freeze-thaw	
Other comments	
Type	Tube with RNAprotect Cell
Type	Reagent Single cell englysis (Ontional)
	Single cell analysis (Optional)
Soll	Nasal Single Cell Plate (Optional)
Check if collected	` <u> </u>
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Did any freeze thaw occur to the sample?	No
- 0	Yes
*	Unknown
Comments regarding freeze-thaw	
Other comments	
Type	Tube with RNAprotect Cell
	Reagent
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Folder: 1 year Follow up- Biospecimen Collection

Form: Nasal Brushing

	Single cell analysis (Optional)
	Nasal Single Cell Plate
	(Optional)
Check if collected	
Date and Time into Freezer	<i>Q</i> .
Temperature of Freezer	Fixed Unit: C
Did any freeze-thaw occur to the sample?	No Yes
Comments regarding freeze-thaw	Unknown
Other comments 4	
Comments regarding freeze-thaw Other comments Other comments	

Folder: 1 year Follow up- Biospecimen Collection

Form: Buccal Scraping

Was buccal scraping performed?	No
	Yes
	Unknown
Primary reason buccal scraping not performed	Patient Refused
	Adverse Event
	Unknown
	Other, specify
Was buccal scraping performed per protocol?	No
	Yes
	Unknown
Primary reason buccal scraping was not performed per protocol	Missing Materials
Trimary reason ouccar scraping was not performed per protection	Site error
	Unknown
04/14	Other, specify
Date of Buccal Scraping	Fixed Unit: MMM dd yyyy
Were any adverse events that are considered possibly, probably, or	No
definetly related to the study-related biospecimen collection	Yes
procedures reported?	Unknown
Туре	Microtube
	Microtube with Scraper
Check if Collected	
Date and Time into Freezer	
Temperature of Freeze	Fixed Unit: °C
- XX O _M	
Did any freeze-thaw occur to the sample?	No
	Yes
	Unknown
Comments regarding freeze thaw	<u>U</u>
Other comments	

Folder: 1 year Follow up- Biospecimen Collection Form: Urine Processing for Metabolomics Study

Was the urine processing for metabolomics study performed?	No
	Yes
	Unknown
If processing not done, provided primary reason	Participant Refused
	Site error
	Missing or incomplete kit
	contents
	Missing or incomplete material(s) or equipment
	Optional biospecimen
	Other, specify
Was the urine processing for metabolomics study performed per	No
protocol?	Yes
	Unknown
Primary Reason not performed per protocol	Urethral Area Not Cleaned
	Site error
MISSIORSOL	Storage not per protocol
	Prepared Urine specimen cups
65.0	not used
	Unknown
	Other, specify
Date Urine Processed at Site	Fixed Unit: MMM dd yyyy
Were any adverse events that are considered possibly, probably, or	No
definetly related to the study related biospecimen collection	Yes
procedures reported?	Unknown
Total number of urine checks	
Tigo	Sterile Conical Tube
-02	Eppendorf Tube
Check if Collected	
Date and Time Into Freezer	
Freezer Temperature	Fixed Unit: °C

Folder: 1 year Follow up- Biospecimen Collection Form: Urine Processing for Metabolomics Study

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Did any freeze-thaw occur to the sample?	No
,	Yes
	Unknown
Comments regarding freeze thaw	\sim
Other comments	
Туре	Sterile Conical Tube
	Eppendorf Tube
Check if Collected	
Date and Time Into Freezer	
Freezer Temperature	Fixed Unit: °C
Did any freeze-thaw occur to the sample?	No
	Yes
4	Unknown
	Olikilowii
Comments regarding freeze thaw	
Other comments	
Туре	Sterile Conical Tube
65.0	Eppendorf Tube
Check if Collected	
Date and Time Into Freezer	
Freezer Temperature	Fixed Unit: °C
	2 1100 01111 0
Did ony fronza (last) cover de comple?	Ma C
Did any freeze that occur to the sample?	No
11 1/4.	Yes
K ON'	Unknown
Comments regarding freeze thaw	
Other comments	
Type	Sterile Conical Tube
	Eppendorf Tube
Check if Collected	
Date and Time Into Freezer	
Freezer Temperature	Fixed Unit: °C
Preezer remperature	rixeu Unit: C
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Folder: 1 year Follow up- Biospecimen Collection Form: Urine Processing for Metabolomics Study

Did any freeze-thaw occur to the sample?	No
	Yes
	Unknown
Comments as souding facets them.	<u>_</u>
Comments regarding freeze thaw	
Other comments	
Type	Sterile Conical Tube
	Eppendorf Tube
Check if Collected	10,
Date and Time Into Freezer	
Freezer Temperature	Fixed Unit: °C
Did any freeze-thaw occur to the sample?	No
	Yes
	Unknown
Comments regarding freeze thaw	V
Other comments	
Туре	Sterile Conical Tube
65.0	Eppendorf Tube
Check if Collected	
Date and Time Into Freezer	
Freezer Temperature	Fixed Unit: °C
Did any freeze-thew occur to the sample?	No No
	Yes
K MI	Unknown
Comments regarding freeze thaw	
Other comments	
- 0	
*	
\cup	

Folder: 1 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

Kit Barcode	
Date Specimens Mailed	
Copy of Biospecimen Transmittal (8 pages total)	
Did all of the listed specimens go into the same freezer at the date/time?	same No Yes Unknown
Did any freeze thaw occur?	No Yes
Were all specimens stored at the same temp?	No Yes
Provide storage temp for all specimens	
If the Biospecimens collected have different storage temps	record this in the provided comment box.
If the Biospecimens collected have different storage temps Biospecimen Type Silver Committee C	Blood Collection- Blood Plasma Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Buccal Epithelium Collection Nasal Epithelium Collection Urine Collection Bronchial Biopsy Collection- RUL Formalin Fixed Bronchial Biopsy Collection- RUL Formalin Fixed Bronchial Biopsy Collection- RML Formalin Fixed
	Bronchial Biopsy Collection— LUL Formalin Fixed Streck Collection

Folder: 1 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

Barcode Sequence #	7
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Barcode Sequence # Check if specimen NOT included Check if freeze/thaw occurred	Blood Collection- Blood Plasma Blood Collection- Serum Blood Collection PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Buccal Epithelium Collection Vine Collection Bronchial Biopsy Collection- RUL Formalin Fixed Bronchial Biopsy Collection- RUL Formalin Fixed Bronchial Biopsy Collection- RML Formalin Fixed Bronchial Biopsy Collection- RML Formalin Fixed Bronchial Biopsy Collection- RML Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed Streck Collection
Comments	
Biospecimen Type	Blood Collection- Blood Plasma Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A

Folder: 1 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Bronchial Airway Brushings-
	Brush B
	Bronchial Airway Brushings-
	Brush C
	Bronchial Biopsy Collection-
	RUL Fresh Frozen
	Bronchial Biopsy Collection-
	RML Fresh Frozen
	Bronchial Biopsy Collection-
	LUL Fresh Frozen
	Buccal Epithelium Collection
	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection- RUL Formalin Fixed
	Bronchial Biopsy Collection-
	RML Formalin Fixed
	Bronchial Biopsy Collection-
	LUL Formalin Fixed
- P	Streck Collection
Barcode Sequence #	9
Check if specimen NOT included	·
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
Biospecimen Type	Blood Collection- Serum
2 2 12	Blood Collection-PAXgene
iki Mi	Bronchial Airway Brushings- Brush A
	Bronchial Airway Brushings-
	Brush B
	Bronchial Airway Brushings-()
2.10	Bronchial Airway Brushings- Brush C
2	Brush C
- 24	, ,
- 1 PT	Brush C Bronchial Biopsy Collection- RUL Fresh Frozen
JAK TO THE TOTAL T	Brush C Bronchial Biopsy Collection— RUL Fresh Frozen Bronchial Biopsy Collection—
51 PEP	Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen
STREET	Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection-
STREET	Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen
STREET	Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection-

Folder: 1 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

		Nasal Epithelium Collection
RUL Formalin Fixed Bronchial Biopsy Collection RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Street Subscition LUL Formalin Fixed Barcode Sequence # 10 Check if specimen NOT included Check if freeze/thaw occurred Comments Blood Collection- Blood Plasma Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection LUL Fresh Frozen Bronchial Biopsy Collection LUL Fresh Frozen Bronchial Biopsy Collection Nasal Epithelium Collection Nasal Epithelium Collection RUL Formalin Fixed Bronchial Biopsy Collection— RUL Formalin Fixed Bronchial Biopsy Collection— RUL Formalin Fixed Bronchial Biopsy Collection— LUL Formalin Fixed Streek Collection		Urine Collection
Bronchial Biopsy Collection RML Formalin Fied Bronchial Biopsy Collection LUL Formalin Fied Bronchial Biopsy Collection LUL Formalin Fied Bronchial Biopsy Collection LUL Formalin Fied Bronchial Biopsy Collection Blood Collection- Blood Plasma Blood Collection- PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection RUL Fresh Frozen Bronchial Biopsy Collection LUL Formalin Fixed Bronchial Biopsy Collection RUL Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Streck Collection		Bronchial Biopsy Collection-
RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Streck Allection LUL Formalin Fixed Bronchial Biopsy Collection-Blood Plasma Blood Collection- Blood Plasma Blood Collection- PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection LUL Fresh Frozen RUL Formalin Fixed Bronchial Biopsy Collection RUL Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Streck Collection		
Bronchial Biopsy Collection LUL Formation Fixed Streck Effection Barcode Sequence # 10 Check if specimen NOT included Check if freeze/thaw occurred Comments Biospecimen Type Blood Collection- Blood Plasma Blood Collection- PaXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Biopsy Collection RUL Fresh Frozen Bronchial Biopsy Collection RML Fresh Frozen Bronchial Biopsy Collection RML Fresh Frozen Buccal Epithelium Collection Urine Collection RUL Formalin Fixed Bronchial Biopsy Collection RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Bronchial Biopsy Collection RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Streck Collection		· · · · · · · · · · · · · · · · · · ·
Barcode Sequence # 10 Check if specimen NOT included Check if freeze/thaw occurred Comments Biospecimen Type Proof Collection- Blood Plasma Blood Collection- Serum Blood Collection- PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL, Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Buccal Epithelium Collection Nasal Epithelium Collection Urine Collection RUL Formalin Fixed Bronchial Biopsy Collection- RUL Formalin Fixed Bronchial Biopsy Collection- LUL Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Bronchial Biopsy Collection- RUL Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed Streck Collection LUL Formalin Fixed Streck Collection		
Barcode Sequence # 10 Check if specimen NOT included Check if freeze/thaw occurred Comments Biospecimen Type Blood Collection- Blood Plasma Blood Collection- PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- RML Formalin Fixed Bronchial Biopsy Collection- RML Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed Streck Collection		
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LUL Formalin Fixed Streck Collection	^ '	
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Folder: 1 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Blood Collection-PAXsene
	Bronchial Airway Brushings- Brush A
	Bronchial Airway Brushings-
	Brush B Bronchia Airway Brushings-
	Brush C
	Bronchial Biopsy Collection- RUL Fresh Frozen
	Bronchial Biopsy Collection-
	RML Fresh Frozen
	Bronchial Biopsy Collection-
	LUL Fresh Frozen Buccal Epithelium Collection
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	Bronchial Biopsy Collection-
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SOLV	LUL Formalin Fixed
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Barcode Sequence #	1
Theck it specified Not included	
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Complients	
Biospecimen Type	Blood Collection- Blood Plasma
< `	Blood Collection- Serum
),	Blood Collection-PAXgene
	Bronchial Airway Brushings- Brush A
	Bronchial Airway Brushings- Brush B

Folder: 1 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Bronchial Airway Brushings-
	Brush C
	Bronchial Biopsy Collection-
	RUL Fresh Frozen Bronchial Biopsy Collection-
	RML Fresh Frozen
	Bronchial Biopsy Collection-
	LUL Fresh Frozen
	Buccal Epithelium Collection
	Nasal Epithelium Collection
	Urine Collection
	Bronchia Biopsy Collection-
	RUL Formalin Fixed
	Bronchial Biopsy Collection-
	RML Formalin Fixed
	Bronchial Biopsy Collection- LUL Formalin Fixed
	Streck Collection
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Barcode Sequence #	19
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Comments	
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Biospecimen Type	Blood Collection- Blood Plasma
Biospecimen Type	
Biospecimen Type	Blood Collection- Blood Plasma Blood Collection- Serum Blood Collection-PAXgene
Stospecimen Type	Blood Collection- Serum
Stospecimen Type	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A
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Biospecimen Type RENTER RENTR REN	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B
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SILE COMPLETED TO STATE OF THE PROPERTY OF THE	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen
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SILL ON WILL ON THE STATE OF TH	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen
SILL ON THE STATE OF THE STATE	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection-
SILL COMMITTEE SILL C	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen
Biospecimen Type Children Children	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Buccal Epithelium Collection
Steel Parkitten Steel Parkitte	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen

Folder: 1 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Bronchial Biopsy Collection-
	RUL Formalin Fixed
	Bronchial Biopsy Collection-
	RML Formalin Fixed
	Bronchial Biopsy Collection-
	LUL Formalin Fixed Streck Collection
	Streck Confedition
Barcode Sequence #	20
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Bood Collection- Serum
	Blood Collection-PAXgene
SITE REMINER OF STEP O	Bronchial Airway Brushings-Brush A
O	Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings- Brush C
5	Bronchial Biopsy Collection-
5,0	RUL Fresh Frozen
	Bronchial Biopsy Collection-
	RML Fresh Frozen
	Bronchial Biopsy Collection-
	LUL Fresh Frozen Buccal Epithelium Collection
	Need Epidenum Collection
	Nasal Epithelium Collection
The "Wi	Urine Collection
W all	Bronchial Biopsy Collection-
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	RUL Formalin Fixed
81,0	Bronchial Biopsy Collection- RML Formalin Fixed
	Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	21
Check if specimen NOT included	
Check if freeze/thaw occurred	
CHECK II HECZE/ HIAW OCCUITEU	

Folder: 1 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Blood Collection-PAXgene
	Bronchial Airway Brushings- Brush A
	Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings- Brush C
	Bronchia Biopsy Collection- RUL Fresh Frozen
	Bronchial Biopsy Collection- RML Fresh Frozen
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	Buccal Epithelium Collection
	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection-
	RUL Formalin Fixed
	Bronchial Biopsy Collection- RML Formalin Fixed
	Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	
Check if specimen NOT included	
Check if freeze thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
5 10	Blood Collection- Serum
	Blood Collection-PAXgene
76-	Bronchial Airway Brushings- Brush A
	Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings- Brush C

Folder: 1 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Bronchial Biopsy Collection-
	RUL Fresh Frozen
	Bronchial Biopsy Collection-
	RML Fresh Frozen
	Bronchial Biopsy Collection-
	LUL Fresh Frozen
	Buccal Epithelium Collection
	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection-
	RUL Formalin Fixed
	Bronchial Biopsy Collection-
	RML Formalin Fixed
	Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	26
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	5
Biospecimen Type	Blood Collection- Blood Plasma
Biospecifici Type	
115360	Blood Collection- Serum
all Sto.	
BMEDFO	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings-
CUBMISO FO	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A
SUBMISORO	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings-
OB NEWDED FOR	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B
IRB WENDED	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings-
E RESURNIED FOR	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings-
TE PANKENDED FOR	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C
CITE COMMENDED FOR	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection-
SITE COMMENDED FOR	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen
Biospecimen Type Silk Committee Silk Committ	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection-
SITE COMMENDED FOR	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen
SITE COMMENDED FOR	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection-
SITE ROMMENDED FOR	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen
SITE COMMENDED FOR	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Buccal Epithelium Collection
SITE COMMENDED FOR	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Buccal Epithelium Collection Nasal Epithelium Collection

Folder: 1 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	RML Formalin Fixed
Brone	chial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	₹ 28
Check if specimen NOT included	7,
Check if freeze/thaw occurred	
Comments	10/1
Biospecimen Type Blood C	ollection- Blood Plasma
	Blood Collection- Serum
Bfo	od Collection-PAXgene
Brond	chial Airway Brushings-
	Brush A
Brond Brond	chial Airway Brushings- Brush B
Brond	chial Airway Brushings-
200	Brush C
Brone	chial Biopsy Collection-
Prop	RUL Fresh Frozen chial Biopsy Collection-
BIOIR	RML Fresh Frozen
Brone	chial Biopsy Collection-
	LUL Fresh Frozen
Bucca	al Epithelium Collection
Nasa	al Epithelium Collection
	Urine Collection
Brone	chial Biopsy Collection-
IK "M"	RUL Formalin Fixed
Brone	chial Biopsy Collection-
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	RML Formalin Fixed
Brone	chial Biopsy Collection-
	LUL Formalin Fixed
- 07	Streck Collection
Bite due bequeñee #	29
Check if specimen NOT included	
Check if freeze/thaw occurred	

Folder: 1 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Blood Collection-PAXgene
	Bronchial Airway Brushings-
	Brush A Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings- Brush C
	Bronchial Biopsy Collection- RCL Fresh Frozen
	Bronchia Biopsy Collection- RML Fresh Frozen
	Bronchial Biopsy Collection-
BMSPOR	Buccal Epithelium Collection
	Nasal Epithelium Collection
, (Urine Collection
42	Bronchial Biopsy Collection-
' O' '	RUL Formalin Fixed Bronchial Biopsy Collection-
S	RML Formalin Fixed
5,0	Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	30
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
100	Blood Collection- Serum
5, 70	Blood Collection-PAXgene
- TREE	Bronchial Airway Brushings- Brush A
	Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings- Brush C
	Bronchial Biopsy Collection- RUL Fresh Frozen

Folder: 1 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Bronchial Biopsy Collection-
	RML Fresh Frozen
	Bronchial Biopsy Collection-
	LUL Fresh Frozen
	Buccal Epithelium Collection
	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection- RUL Formalin Fixed
	Bronchial Biopsy Collection-
	RML Formalin Fixed
	Bronchia Biopsy Collection-
	IUL Formalin Fixed
	Streck Collection
Barcode Sequence #	31
Check if specimen NOT included	
Check if freeze/thaw occurred	77 11
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
65.0	Blood Collection-PAXgene
	Bronchial Airway Brushings-
$\sim 10^{-1}$	Brush A
Biospecimen Type SILL COMMILE OF THE SILL COM	Bronchial Airway Brushings- Brush B
50	Bronchial Airway Brushings-
0	Brush C
02/11/	Bronchial Biopsy Collection-
11 11/10	RUL Fresh Frozen
IV ON	Bronchial Biopsy Collection-
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	RML Fresh Frozen
5 10	Bronchial Biopsy Collection- LUL Fresh Frozen
	Buccal Epithelium Collection
N PV	Nasal Epithelium Collection
	Urine Collection
\mathcal{O}	Bronchial Biopsy Collection-
-	RUL Formalin Fixed
	Bronchial Biopsy Collection-
	RML Formalin Fixed

Folder: 1 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	50
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Blood Collection-PAXgene
	Bronchial Airway Brushings-
	Brush A
	Bronchial Airway Brushings- Brush B
Barcode Sequence #	Brush C Brush C
, 0	Bronchial Biopsy Collection-
2	RUL Fresh Frozen
,0, , ,	Bronchial Biopsy Collection- RML Fresh Frozen
SIST	Bronchial Biopsy Collection-
5,0	LUL Fresh Frozen
	Buccal Epithelium Collection
0/1/0	Nasal Epithelium Collection
	Urine Collection
5 7	Bronchial Biopsy Collection-
	RUL Formalin Fixed
120	Bronchial Biopsy Collection-
II MA	RML Formalin Fixed
W ON.	Bronchial Biopsy Collection- LUL Formalin Fixed
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Streck Collection
61,0	Streck Collection
Barcode Sequence #	61
Check it specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum

Folder: 1 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Blood Collection-PAXgene
	Bronchial Airway Brushings-
	Brush A
	Bronchial Airway Brushings-
	Brush B
	Bronchial Airway Brushings- Brush C
	Bronchial Biopsy Collection-
	RUL Fresh Frozen
	Bronchial Biopsy Collection- RML Fresh Frozen
	Bronchial Biopsy Collection-
	EUL Fresh Frozen
	Buccel Epithelium Collection
	Nasal Epithelium Collection
	Urine Collection Bronchial Biopsy Collection- RUL Formalin Fixed Bronchial Biopsy Collection- RML Formalin Fixed Bronchial Biopsy Collection-
	Bronchial Biopsy Collection-
	RUL Formalin Fixed
4	Bronchial Biopsy Collection- RML Formalin Fixed
	Bronchial Biopsy Collection-
	LUL Formalin Fixed
(2)	Streck Collection
	<u>U</u>
Barcode Sequence #	62
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
R. M.	Blood Collection- Serum
	Blood Collection-PAXgene
CXVCO.	Bronchial Airway Brushings- Brush A
2.10	Bronchial Airway Brushings-
- 2	Brush B
O PY	Bronchial Airway Brushings-
O`	Brush C Bronchial Biopsy Collection-
	RUL Fresh Frozen
	Bronchial Biopsy Collection-
	RML Fresh Frozen
	14.12 110011102011

Folder: 1 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Bronchial Biopsy Collection-
	LUL Fresh Frozen
	Buccal Epithelium Collection
	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection- RUL Formalin Fixed
	Bronchial Biopsy Collection-
	RML Formalm Fixed
	Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	68
Check if specimen NOT included	1 4
Check if freeze/thaw occurred	
Comments	7,00
Biospecimen Type	Blood Collection- Blood Plasma
4	Blood Collection- Serum
,0,	Blood Collection-PAXgene
SIST	Bronchial Airway Brushings-
5,0	Brush A
Biospecimen Type SIZE COMMIENTED FOR COMMISSION COMPANISSION	Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings-
	Brush C
5 1	Bronchial Biopsy Collection-
8	RUL Fresh Frozen
Profit	Bronchial Biopsy Collection- RML Fresh Frozen
	Bronchial Biopsy Collection-
	LUL Fresh Frozen
	Buccal Epithelium Collection
200	Nasal Epithelium Collection
- Q-v	Urine Collection
	Bronchial Biopsy Collection- RUL Formalin Fixed
	Bronchial Biopsy Collection-
-	RML Formalin Fixed
	Bronchial Biopsy Collection- LUL Formalin Fixed

Folder: 1 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Streck Collection
Barcode Sequence #	70
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection Serum
	Blood Collection PAXgene
	Bronchial Anway Brushings-
	Brush A
	Bronchial Airway Brushings- Brush B
-1	Bronchial Airway Brushings-
	Brush C
	Bronchial Biopsy Collection- RUL Fresh Frozen
0'	Bronchial Biopsy Collection-
200	RML Fresh Frozen
,0,5	Bronchial Biopsy Collection- LUL Fresh Frozen
SISP	Buccal Epithelium Collection
Bareode Sequence #	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection-
	RUL Formalin Fixed
2 2 1/2	Bronchial Biopsy Collection- RML Formalin Fixed
	Bronchial Biopsy Collection-
IK WILL	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	72
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Bigspecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Blood Collection-PAXgene

Folder: 1 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Bronchial Airway Brushings-
	Brush A
	Bronchial Airway Brushings-
	Brush B
	Bronchial Airway Brushings-
	Brush C
	Bronchial Biopsy Collection-
	RUL Fresh Frozen
	Bronchial Biopsy Collection-
	RMI. Fresh Frozen
	Bronchial Biopsy Collection-
	LOU Fresh Frozen
	Buccal Epithelium Collection
	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection-
	Bronchial Biopsy Collection- RUL Formalin Fixed Bronchial Biopsy Collection- RML Formalin Fixed Bronchial Biopsy Collection-
	Bronchial Biopsy Collection-
·	RML Formalin Fixed
	Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
<u> </u>	Success Concession
Barcode Sequence #	51
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
8	Blood Collection- Serum
SITE COMME	Blood Collection-PAXgene
	Bronchial Airway Brushings-
XX OW.	Brush A
	Bronchial Airway Brushings-
2, 70	Brush B
Y	Bronchial Airway Brushings-
	Brush C
	Bronchial Biopsy Collection-
	RUL Fresh Frozen
	Bronchial Biopsy Collection-
	RML Fresh Frozen
	Bronchial Biopsy Collection-
	LUL Fresh Frozen

Folder: 1 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Buccal Epithelium Collection
	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection-
	RUL Formalin Fixed
	Bronchial Biopsy Collection- RML Formalin Fixed
	Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	54
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	7 4
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Blood Collection-PAXgene
	Bronchial Airway Brushings-
	Brush A
62,0	Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings-
on'o'	Brush C
	Bronchial Biopsy Collection-
	RUL Fresh Frozen Bronchial Biopsy Collection-
000	RML Fresh Frozen
	Bronchial Biopsy Collection-
IL WA	LUL Fresh Frozen
W ON	Buccal Epithelium Collection
	Nasal Epithelium Collection
2, 70	Urine Collection
Siospecimen Type Siospecimen Type Siospecimen Type	Bronchial Biopsy Collection- RUL Formalin Fixed
	Bronchial Biopsy Collection-
)	RML Formalin Fixed
	Bronchial Biopsy Collection- LUL Formalin Fixed
	Streck Collection
	Streek Concensus

Folder: 1 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

Check if specimen NOT included Check if free ze/thaw occurred Comments Biospecimen Type Blood Collection- Blood Plasma Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings-	Barcode Sequence #	55
Comments Biospecimen Type Blood Collection- Blood Plasma Blood Collection- Steam Blood Collection- Steam Blood Collection Avene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection LUL Fresh Frozen Bronchial Biopsy Collection RUL Fresh Frozen Buccal Epithelium Collection Nasal Epithelium Collection RUL Formalin Fixed Bronchial Biopsy Collection- RUL Formalin Fixed Bronchial Biopsy Collection- RUL Formalin Fixed Bronchial Biopsy Collection- RUL Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Bronchial Biopsy Collection RUL Formalin Fixed Bronchial Biopsy Collection Streck Collection LUL Formalin Fixed Bronchial Biopsy Collection Bronchial Biopsy Collection LUL Formalin Fixed Bronchial Biopsy Collection Bronchial Biopsy Collection Rul Formalin Fixed Bronchial Biopsy Collection Rul Fresh Frozen Rul Fresh	Check if specimen NOT included	
Biospecimen Type Blood Collection- Blood Plasma Blood Collection Shum Blood Collection Shum Blood Collection Axene Bronchial Airway Bushings- Brush A Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Bronchial Biopsy Collection RUL Fresh Frozen Bronchial Biopsy Collection LUL Fresh Frozen Buccal Epithelium Collection Nasal Epithelium Collection Nasal Epithelium Collection RUL Formalin Fixed Bronchial Biopsy Collection- RUL Formalin Fixed Bronchial Biopsy Collection- RUL Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed Bronchial Biopsy Collection- RUL Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial B	Check if freeze/thaw occurred	
Blood Collection Sequence Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush B Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Bronchial Biopsy Collection- RWL Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Bronchial Biopsy Collection- RUL Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed Bronchial Biopsy Collection- RUL Formalin Fixed Bronc	Comments	
Brush C Bronchial Biopsy Collection— RUL Fresh Frozen Bronchial Biopsy Collection— RML Fresh Frozen Bronchial Biopsy Collection— LUL Fresh Frozen Buccal Epithelium Collection Urine Collection Bronchial Biopsy Collection— RUL Formalin Fixed Bronchial Biopsy Collection— RML Formalin Fixed Bronchial Biopsy Collection— RML Formalin Fixed Bronchial Biopsy Collection— LUL Formalin Fixed Bronchial Biopsy Collection— LUL Formalin Fixed Bronchial Biopsy Collection— RML Formalin Fixed Bronchial Biopsy Collection— LUL Formalin Fixed Bronchial Biopsy Collection— RML Fresh Frozen Bronchial Biopsy Collection— RML Fresh F	Biospecimen Type	Blood Collection- Serum Blood Collection PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B
Check if specimen NOT included Check if freeze/thaw occurred Comments Biospecimen Type Blood Collection- Blood Plasma Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings-	CUBNISSION C	Bronchial Airway Brushings-
Check if specimen NOT included Check if freeze/thaw occurred Comments Biospecimen Type Blood Collection- Blood Plasma Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings-	Barcode Sequence #	Bronchial Biopsy Collection— LUL Formalin Fixed Streck Collection—
Comments Biospecimen Type Blood Collection- Blood Plasma Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings-		<u></u>
Biospecimen Type Blood Collection- Blood Plasma Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings-		
Biospecimen Type Blood Collection- Blood Plasma Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings-		
Brush A		Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings-

Folder: 1 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Bronchial Airway Brushings-
	Brush B
	Bronchial Airway Brushings-
	Brush C
	Bronchial Biopsy Collection-
	RUL Fresh Frozen
	Bronchial Biopsy Collection-
	RML Fresh Frozen
	Bronchial Biopsy Collection- LUL Fresh Frozen
	Buccal Epithelium Collection
	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection-
	RUL Formalin Fixed Bronchial Biopsy Collection-
	RML Formalin Fixed
~~~	Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
	Streek Concetion
Barcode Sequence #	35
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
$\mathcal{S}_{\mathcal{O}}$ $\mathcal{O}_{\mathcal{V}}$	Blood Collection- Serum
00/12	Blood Collection-PAXgene
	Bronchial Airway Brushings-
IK "M"	Brush A
W. WI	Bronchial Airway Brushings-
· · · · · · · · · · · · · · · · · · ·	Brush B
Biospecimen Type	Bronchial Airway Brushings- Brush C
	Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection-
	Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen
	Bronchial Airway Brushings- Brush C  Bronchial Biopsy Collection- RUL Fresh Frozen  Bronchial Biopsy Collection-
SILCO	Bronchial Airway Brushings- Brush C  Bronchial Biopsy Collection- RUL Fresh Frozen  Bronchial Biopsy Collection- RML Fresh Frozen
	Bronchial Airway Brushings- Brush C  Bronchial Biopsy Collection- RUL Fresh Frozen  Bronchial Biopsy Collection- RML Fresh Frozen  Bronchial Biopsy Collection-
	Bronchial Airway Brushings- Brush C  Bronchial Biopsy Collection- RUL Fresh Frozen  Bronchial Biopsy Collection- RML Fresh Frozen

Folder: 1 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection-
	RUL Formalin Fixed
	Bronchial Biopsy Collection
	RML Formalin Fixed Bronchial Biopsy Collection
	LUL Formain Fixed
	Streck Collection
Barcode Sequence #	3
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
Sicker Type  Sicke	Blood Collection- Serum
	Blood Collection-PAXgene
, 0	Drong high Airmon Dronghings
4	Bronchial Airway Brushings- Brush A
	Bronchial Airway Brushings-
CI - P	Brush B
65,0	Bronchial Airway Brushings-
	Brush C
	Bronchial Biopsy Collection- RUL Fresh Frozen
	Bronchial Biopsy Collection-
60 (0)	RML Fresh Frozen
000	Bronchial Biopsy Collection-
	LUL Fresh Frozen
IK W	Buccal Epithelium Collection
K ON!	Nasal Epithelium Collection
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Urine Collection
51,0	Bronchial Biopsy Collection-
	RUL Formalin Fixed
1	Bronchial Biopsy Collection- RML Formalin Fixed
	Bronchial Rioney Collection C
)	Bronchial Biopsy Collection- LUL Formalin Fixed
	Bronchial Biopsy Collection- LUL Formalin Fixed Streck Collection

Folder: 1 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

Check if specimen <b>NOT</b> included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Blood Collection-PAXsene
	Bronchial Airway Brushings- Brush A
	Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings- Brush C
	Bronchial Biopsy Collection- RUL Fresh Frozen
Barcode Sequence #	Bronchial Biopsy Collection- RML Fresh Frozen
	Bronchial Biopsy Collection- LUL Fresh Frozen
	Buccal Epithelium Collection
. (	Nasal Epithelium Collection
S	Urine Collection
,53	Bronchial Biopsy Collection-
	RUL Formalin Fixed  Bronchial Biopsy Collection-
	RML Formalin Fixed
	Bronchial Biopsy Collection-
2 7	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	38
Check if specimen NOT included	
Check if freeze/haw occurred	
Completes	
Biospectmen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
<u>``</u>	Blood Collection-PAXgene
$\mathcal{S}$	Bronchial Airway Brushings-
-	Brush A
	Bronchial Airway Brushings- Brush B

Folder: 1 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

		Bronchial Airway Brushin
		Brusi Bronchial Biopsy Collecti
		RUL Fresh From
		Bronchial Biopsy Collecti
		RML Fresh From
		Bronchial Biopsy Collecti LUL Fresh Fro
		Buccal Epithelium Collect
		Nasal Epithelium Collect
		Urine Collect
		Bronchial Biopsy Collecti
		RUL Formalin Fi
	4	Bronchial Biopsy Collecti
	4	RML Formalin Fit Bronchial Biopsy Collecti
		LUL Formalin Fi
	0/1/	Streck Collect
Barcode Sequence #	700	
Check if specimen NOT included	0,0	
Check if freeze/thaw occurred	- C	
Comments	<u>)                                    </u>	
Comments	Ş	

Folder: 1 year Follow up- Biospecimen Collection

Form: Biospecimen Transmittal- Required- Bronchial Biopsy Formalin Fixed

Kit Barcode	
Date Specimens Mailed	
Copy of Biospecimen Transmittal- Bronchial Biopsy Form	nalin Fixed
Biospecimen Sample	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Blood Collection-PAXgene
	Bronchial Airway Brushings- Brush A
	Bronchial Airway Brushings- Brush B
	Bronchia Airway Brushings-
	Bronchial Biopsy Collection- RUL Fresh Frozen
Barcode Sequence # Check if Specimental Wed	Bronchial Biopsy Collection- RML Fresh Frozen
, 0	Bronchial Biopsy Collection- LUL Fresh Frozen
4	Buccal Epithelium Collection
,0,	Nasal Epithelium Collection
SIST	Urine Collection
	Bronchial Biopsy Collection-
	RUL Formalin Fixed
	Bronchial Biopsy Collection- RML Formalin Fixed
	Bronchial Biopsy Collection-
5 1	LUL Formalin Fixed
8 4	Streck Collection
Barcode Sequence #	67
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
5,0	
Did any freeze/thaw occur?	No
*	Yes
0	Unknown
If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	
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Folder: 1 year Follow up- Biospecimen Collection

Form: Biospecimen Transmittal- Required- Bronchial Biopsy Formalin Fixed

Biospecimen Sample	Blood Collection- Blood Plasma
2.000	Blood Collection- Serum
	Blood Collection-PAXgene
	Bronchial Airway Brushings
	Brush A
	Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings- Brush C
	Bronchial Biopsy Collection- RCL Fresh Frozen
	Bronchia Biopsy Collection- RML Fresh Frozen
	Bronchial Biopsy Collection-
~	LUL Fresh Frozen  Buccal Epithelium Collection
	Nasal Epithelium Collection
annes longs	Urine Collection
	Bronchial Biopsy Collection-
05	RUL Formalin Fixed
	Bronchial Biopsy Collection-
65.0	RML Formalin Fixed Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	69
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/thaw occur?	No No
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Yes
5/6	Unknown
If yes to reeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Sample	Blood Collection- Blood Plasma
	Blood Collection- Serum

Folder: 1 year Follow up- Biospecimen Collection

Form: Biospecimen Transmittal- Required- Bronchial Biopsy Formalin Fixed

	Blood Collection-PAXgene
	Bronchial Airway Brushings- Brush A
	Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings- Brush
	Bronchial Biopsy Collection- RUL Fresh Frozen
	Bronchial Biopry Collection- RML Fresh Frozen
	Bronchia Biopsy Collection- LUL Fresh Frozen
	( )
_	Nasal Epithelium Collection Urine Collection
SON OR SO	Bronchial Biopsy Collection- RUL Formalin Fixed
40.0	Bronchial Biopsy Collection- RML Formalin Fixed
	Bronchial Biopsy Collection- LUL Formalin Fixed
55,01	Streck Collection
Barcode Sequence #	71
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/thaw occur?	No No
E IF MAIN	Yes Unknown
If yes to freeze/thaw- Total # of Times	
If ye to freeze/thaw- length of each time	
Comments	
**	
o'\	

Folder: 1 year Follow up- Biospecimen Collection

Were optional biospecimens sent to the core lab?	No
	Yes
	Unknown
If no optional biospecimens were sent to the core lab, leave	the table blank.
	× P
If optional specimens were sent, at least one row of the table	e must be checked as sent.
Date optional biospecimens sent to core lab	
Biospecimen Type	Blood Collection- Buffy Coat
	Blood Collection- PBMC
	Brouchial Airway Brushings
	Collection- Tube D
4	Urine Processing for Metabolomics Study
Barcode Sequence #	Nietabololines study
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
	2 3330 2 3330
Did any freeze/that occur?	No
Did unity theodo unite ocean.	Yes
	Unknown
TG (1) G (1) G (2)	Clikilowii
If yes to freeze/thaw-Total # of Times	
If yes to freeze/thav- length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
__\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Blood Collection- PBMC
5,0	Bronchial Airway Brushings
- 0	Collection- Tube D Urine Processing for
1	Metabolomics Study
Barcode Sequence #	1.
Check if Specimen Included	
Storage Temp	Fixed Unit: °C

Folder: 1 year Follow up- Biospecimen Collection

Did any freeze/that occur?	No
	Yes
	Unknown
If yes to freeze/thaw- Total # of Times	$\overline{}$
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Type	Blood Collection-Buffy Coat
	Blood Collection- PBMC
	Bronchial Airway Brushings
	Collection- Tube D
	rine Processing for
D 1.0	Metabolomics Study
Barcode Sequence #	15
Check if Specimen Included	Fig. 111:4. °C
Storage Temp	Fixed Unit: °C
Did any freeze/that occur?	No No
Did any necessitian occur:	Yes
SIS	$\cup$
	Unknown
If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
	Blood Collection- PBMC
ie in the	Bronchial Airway Brushings
	Collection- Tube D
	Urine Processing for Metabolomics Study
Barcode Sequence #	16
Check in Specimen Included	10
Storage Temp	Fixed Unit: °C
	2.000 2.000
Did any freeze/that occur?	No O
	Yes
	Unknown
	<u>U</u>

Folder: 1 year Follow up- Biospecimen Collection

If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
	Blood Collection- PBMC
	Bronchial Airway Brushings
	Collection- Tabe D
	Urine Processing for Metabolomics Study
Barcode Sequence #	17
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/that occur?	No
	Yes
0,0	Unknown
If yes to freeze/thaw- Total # of Times	<u> </u>
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
Barcode Sequence #	Blood Collection- PBMC
	Bronchial Airway Brushings
	Collection- Tube D
2 2 7	Urine Processing for
	Metabolomics Study
	18
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
5,0	
Did any freeze/that occur?	No
*	Yes
	Unknown
If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	_

Folder: 1 year Follow up- Biospecimen Collection

Biospecimen Type	Blood Collection- Buffy Coat
	Blood Collection- PBMC
	Bronchial Airway Brushings
	Collection- Tube D
	Urine Processing for
	Metabolomics Study
Barcode Sequence #	27
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/that occur?	No
	Yes
	Unknown
If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	¥ 2 ·
Comments	
	<u> </u>
Biospecimen Type	Blood Collection- Buffy Coat
	Blood Collection- PBMC
(2) Ok	Bronchial Airway Brushings
	Collection- Tube D
	Urine Processing for
	Metabolomics Study
Barcode Sequence #	28
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
,2,1	
Did any freeze/that occur?	No C
	Yes
COLO	Unknown
If we are Constitution of Times	
If yes to rece/e/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
	Blood Collection- PBMC

Folder: 1 year Follow up- Biospecimen Collection

	Bronchial Airway Brushings
	Collection- Tube D
	Urine Processing for
	Metabolomics Study
Barcode Sequence #	29
Check if Specimen Included	<u> </u>
Storage Temp	Fixed Unit: °C
r i	
Did any freeze/that occur?	No O
	Yes
	Unknown
If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw-length of each time	
	4 4
Comments	V O V
Biospecimen Type	Blood Collection- Buffy Coat
$\mathcal{O}$	Blood Collection- PBMC
2 4	Bronchial Airway Brushings
,0, ,	Collection- Tube D
Colo 2	Urine Processing for
	Metabolomics Study
Barcode Sequence #	30
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/that occur?	No
ika ali	Yes
	Unknown
If yes to freeze/thaw. Total # of Times	
ICyes to freeze/thaw- length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
O,	Blood Collection- PBMC
	Bronchial Airway Brushings
	Collection- Tube D
	Urine Processing for
	Metabolomics Study

Folder: 1 year Follow up- Biospecimen Collection

Barcode Sequence #	31
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/that occur?	No.
and any freeze that becar.	Yes
	Unknown
f yes to freeze/thaw- Total # of Times	10/1
f yes to freeze/thaw- length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
	Blood Collection- PBMC
	Bronchial Airway Brushings
-	Collection- Tube D
, O'	Urine Processing for Metabolomics Study
Barcode Sequence #	63
Check if Specimen Included	<del>)</del>
Storage Temp	Fixed Unit: °C
150	
Did any freeze/that occur?	No No
	Yes
60,00	Unknown
f yes to freeze/thay. Total # of Times	
f yes to freeze/thaw-length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
s'\C	Blood Collection- PBMC
	Bronchial Airway Brushings
	Collection- Tube D
$\sim$	Urine Processing for Metabolomics Study
Barcode Sequence #	40
Check if Specimen Included	
torage Temp	Fixed Unit: °C
-	
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Folder: 1 year Follow up- Biospecimen Collection

Did any freeze/that occur?	No
	Yes
	Unknown
If yes to freeze/thaw- Total # of Times	$\overline{}$
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
	Blood Collection- PBMC
	Bronchial Airway Brushings
	Collection- Tube D
	rine Processing for
Barcode Sequence #	Metabolomics Study 41
Check if Specimen Included	41
Storage Temp	Fixed Unit: °C
Storage Temp	Tixed Offit. C
Did any freeze/that occur?	No
Did any freeze, that occur:	Yes
SISP	$\cup$
<u> </u>	Unknown
If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
	Blood Collection- PBMC
Kr. Wr	Bronchial Airway Brushings
	Collection- Tube D Urine Processing for
_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Metabolomics Study
Barcode Sequence #	42
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/that occur?	No No
	Yes
	Unknown

Folder: 1 year Follow up- Biospecimen Collection

Form: Biospecimen Transmittal- Optional Generated On: 09 Apr 2020 15:26:54

10FEB2020 (914)

If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
	Blood Collection- PBMC
	Bronchial Airway Brushings
	Collection- Tabe D
	Urine Processing for
Barcode Sequence #	Metabolomics Study 43
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Storage Temp	Trace office C
Did any freeze/that occur?	No
	Yes
,0'~	Unknown
If yes to freeze/thaw- Total # of Times	<u>_</u>
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Type  Barcode Sequence #	Blood Collection- Buffy Coat
	Blood Collection- PBMC
	Bronchial Airway Brushings
	Collection- Tube D
03/40	Urine Processing for
	Metabolomics Study
	44
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
5,0	
Did any freeze/that occur?	No
	Yes
Ó	Unknown
If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	
Draft 18.0 version 1.0 MIGPROD	295 of 444
	2/2 01 111

Folder: 1 year Follow up- Biospecimen Collection

Biospecimen Type	Blood Collection- Buffy Coat
	Blood Collection- PBMC
	Bronchial Airway Brushings
	Collection- Tube D
	Urine Processing for Metabolomics Study
Barcode Sequence #	Wetabolomics Stady 45
Check if Specimen Included	43
Storage Temp	Fixed Unit: °C
Storage Temp	Raxed Offic. C
Did any freeze/that occur?	No
	Yes
	Unknown
If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	\$ . O-
Comments	-1)
If yes to freeze/thaw- length of each time Comments  Description:  Comments  D	
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YK OM	
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2-04	
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70	
Des C 10.0 combine 1.0 MICDDOD	

Folder: 1 year Follow up-Biospecimen Collection Form: Biospecimen Transmittal- Additional Generated On: 09 Apr 2020 15:26:54

Were additional biospecimens sent to the core lab?	No
	Yes
	Unknown
If no additional biospecimens were sent to the core	lab. leave the table blank.
	A P
If additional specimens were sent, at least one row o	of the table must be completed.
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Buffy Coat
	Blood Collection- PBMC
	Blood Collection- Serum
	Blood Collection-PAXgene
	Bronchial Airway Brushings
	Collection
	Bronchial Biopsy Collection
	Buccal Epithelium Collection
	Nasal Epithelium Collection
65.0	Urine Collection
Rarcada Saguanca #	Other, specify
Barcode Sequence #	
Date Sent to Core Lab	
Storage Temp	Fixed Unit: °C
8	
Did any freeze/maw occur	No
11 2/12	Yes
XX OB	Unknown
Lye to freeze/thaw- Total # of Times	
If yes to free 2-thaw- length of each time	
Comments	
Comments	
$\mathcal{J}$	
•	

Folder: 2 year Follow up

Form: Follow up

Was the follow up completed?	No
	Yes
	Unknown
If the fellowing man and completed alone much de the mineron man	
If the follow up was not completed, please provide the primary reason is was not done	Patient Refused
is was not done	Patient Lost to Followup
	Site error
	Other, specify
Date of Follow up	Fixed Unit. MMM dd yyyy
<u>-</u>	$\sim$
Were any adverse events that are considered possibly, probably, or	No
definitely related to the study-related biospecimen collection procedures reported?	Yes
procedures reported?	Unknown
Was pulmonary function test/spirometry performed?	No
OF IF	Yes
Reason pulmonary function test/spirometry not performed	Patient Refused
	Site error
	Equipment Unavailable
65,0	Unknown
	Other, specify
Was physical exam performed?	No
	Yes
25,41	Unknown
Reason physical exam not performed	Patient Refused
IK WALL	Site error
K ON'	Unknown
	Other, specify
Did the partern have any imaging performed as part of follow up?	No C
Du morano i nave any anagaig perjormea as part of follow up.	Yes
	Unknown
Image Type	CT
	Dynamic contrast-enhanced CT
	PET

Folder: 2 year Follow up

Form: Follow up

	MRI
	X-ray O
	Other
Provide the date(s) of imaging the patient had as part of follow up	***
Did the patient have any surgery performed as part of follow up?	Xo
	Yes
	Unknown
Date of Surgery	
Were surgical tissue samples collected?	No
	Yes
	Unknown
Primary reason surgical tissue samples were not collected	Site Error
	Patient Refused
AV P	Pathology Lab Refused Request
	Unknown
02 40	Other, specify
119.00	
001/2	
2.00	
- 24	
~ ` ` ·	
SITE COMMENDED FOR	

Folder: 2 year Follow up Form: Study Evaluation and Diagnosis- Pt I, II Generated On: 09 Apr 2020 15:26:54 **Instructions:** The Study Evaluation and Diagnosis Worksheet should be completed by the Treating Physician annually until lung cancer diagnosis or year 4 follow up. Any malignancy identified during the four-year follow-up time period will need to be reported on the Study Evaluation and Diagnosis Form. A response of "Primary Lung" or "Metastatic Lung' to Question #4a completes the participant's involvement in the follow up procedures. 1. - Was the Study Evaluation and Diagnosis Form completed by the treating physician? Unknown 1a. - If no, provide primary reason Refused Follow up Patient Patient Lost to Follow up reating physician did not complete form Other, specify 2. - Date study evaluation and diagnosis completed 4. - Is there malignancy in the lung? 4a1. - If metastatic, provide the site of primary orgin Yes Uncertain **Primary Lung** Metastatic to the Lung Uncertain Other, specify Bladder Bone Brain **Breast** Cervical Colon-Rectal Esophageal Gastric Kidney Larynx

Draft 18.0 version 1.0 MIGPROD 10FEB2020: All Forms

Lymphoma

Folder: 2 year Follow up

Form: Study Evaluation and Diagnosis- Pt I, II

	Melanoma
	Nasal
	Oral
	Pancreatic
	Pharynx
	Prostate
	Kenal Cell
	Thyroid
	Transition Cell
	Uncertain
	Other Cancer, Specify
Part II. Lung Malignancy complete this section only if Q4a=prin	pary lying
5 Date of first diagnosis	
6 Has the lung cancer been reported on a previous Study Evaluate	ion No
and Diagnosis form?	Yes
400	Unknown
6a Has the patient developed progressive disease following	No O
treatment for lung cancer?	Yes
·65,0°	Unknown
	$\overline{}$
6a1 If yes, date of first documentation of progressive lung can	
6a2 6a2. List the site(s) of progression	Original lung site
5.20	Other lung site(s)
	Pleura
IK WILL	Brain
W all	Bone
·// CO,	Liver
5, 70	Adrenal
- 02	Skin/subcutaneous tissue
X	N1 regional lymph nodes (ipsilateral hilar/intrapulmonary)
7	N2 ipsilateral mediastinal lymph
	nodes
	N3 distant lymph nodes
	(contralateral mediastinal or hilar/supraclavicular/scalene)
	iniai, supracia vicaiai, scarciic)

Folder: 2 year Follow up

Form: Study Evaluation and Diagnosis- Pt I, II

Non-Small Cell Lung Cancer Unknown  8 Histologic Class  Adenocational Adenosquamous Carcinoma  Epidermout earcinoma Carcinoid  Large Cell Carcinoma Small Cell Carcinoma Carcinoma Small Cell Carcinoma Small Cell Carcinoma Other, specify Unknown  9 Histologic Subtype  Acinar  Bronchioalveola Papillary Solid carcinoma with mucus formation Mixed  Pure small cell carcinoma Combined small cell carcinoma Combined small cell carcinoma Large cell neuroendocrine Basaloid Lymphoepithelial-like Large cell with rhabdoid phenotype Unknown  10. Carcer Stage  Occult 0		Unknown
Non-Small Cell Lung Cancer Unknown  8 Histologic Class  Adenocational Adenosquamous Carcinoma  Epidermout earcinoma Carcinoid  Large Cell Carcinoma Small Cell Carcinoma Carcinoma Small Cell Carcinoma Small Cell Carcinoma Other, specify Unknown  9 Histologic Subtype  Acinar  Bronchioalveola Papillary Solid carcinoma with mucus formation Mixed  Pure small cell carcinoma Combined small cell carcinoma Combined small cell carcinoma Large cell neuroendocrine Basaloid Lymphoepithelial-like Large cell with rhabdoid phenotype Unknown  10. Carcer Stage  Occult 0		Other, specify
8 Histologic Class  Adenocartinina Adenosquamous Carcinoma Epidermoit Carcinoma Carcinoid Large Cell Carcinoma Small Cell Carcinoma Squamous Cell Carcinoma Other, specify Unknown  9 Histologic Subtype  Acinar Bronchioalveola Papillary Solid carcinoma with mucus formation Mixed Pure small cell carcinoma Combined small cell carcinoma Combined small cell carcinoma Large cell neuroendocrine Basaloid Lymphoepithelial-like Large cell with rhabdoid phenotype Unknown  10. Carcer Stage  Occult	7 Lung Cancer Type	Small Cell Lung Cancer
8 Histologic Class  Adenocartinona Adenosquamous Carcinoma Epidermoli Carcinoma Bronchiologic Subtrol Small Cell Carcinoma Other, specify Unknown  9 Histologic Subtype  Acinar Bronchioalveola Papillary Solid carcinoma with mucus formation Mixed Pure small cell carcinoma Combined small cell carcinoma Combined small cell carcinoma Large cell neuroendocrine Basaloid Lymphoepithelial-like Large cell with rhabdoid phenotype Unknown  10. Carcer Stage  Occult O		Non-Small Cell Lung Cancer
Adenosquamous Carcinoma Epidermoit Carcinma Bronchiologivorar Carcinoma Carcinoid Large Cell Carcinoma Small Cell Carcinoma Squamous Cell Carcinoma Other, specify Unknown  9 Histologic Subtype  Acinar Bronchioalveola Papillary Solid carcinoma with mucus formation Mixed Pure small cell carcinoma Combined small cell carcinoma Combined small cell carcinoma Large cell neuroendocrine Basaloid Lymphoepithelial-like Large cell with rhabdoid phenotype Unknown  104 Carcer Stage  Occult		Unknown
Epidermolt Carcinmoa Bronchiologiveolar Carcinoma Carcinoid Carcinoid Carcinoid Carcinoid Carcinoid Carcinoid Carcinoid Carcinoid Carcinoma Small Cell Carcinoma Squamous Cell Carcinoma Other, specify Unknown  9 Histologic Subtype  Acinar Bronchioalveola Papillary Solid carcinoma with mucus formation Mixed Pure small cell carcinoma Combined small cell carcinoma Combined small cell carcinoma Large cell neuroendocrine Basaloid Lymphoepithelial-like Large cell with rhabdoid phenotype Unknown  104 Carcer Stage  Occult	8 Histologic Class	Adenocarcinoma
Bronchiologiveolar Carcinoma Carcinoid Carcinoid Carcinoid Carcinoid Carcinoid Carcinoid Carcinoid Carcinoid Carcinoid Carcinoma Small Cell Carcinoma Squamous Cell Carcinoma Other, specify Unknown  9 Histologic Subtype Acinar Bronchioalveola Papillary Solid carcinoma with mucus formation Mixed Pure small cell carcinoma Combined small cell carcinoma Combined small cell carcinoma Large cell neuroendocrine Basaloid Lymphoepithelial-like Large cell with rhabdoid phenotype Unknown  104 Cancer Stage Occult		
Carcinoid Large Cell Carcinoma Small Cell Carcinoma Squamous Cell Carcinoma Other, specify Unknown  9 Histologic Subtype  Acinar Bronchioalveola Papillary Solid carcinoma with mucus formation Mixed Pure small cell carcinoma Combined small cell carcinoma Large cell neuroendocrine Basaloid Lymphoepithelial-like Large cell with rhabdoid phenotype Unknown  104 Carcer Stage  Occult		-
Large Cell Carcinoma Small Cell Carcinoma Squamous Cell Carcinoma Other, specify Unknown  9 Histologic Subtype  Acinar Bronchioalveola Papillary Solid carcinoma with mucus formation Mixed Pure small cell carcinoma Combined small cell carcinoma Large cell neuroendocrine Basaloid Lymphoepithelial-like Large cell with rhabdoid phenotype Unknown  104 Carcer Stage  Occult		_()
Small Cell Carcinoma Squamous Cell Carcinoma Other, specify Unknown  9 Histologic Subtype  Acinar Bronchioalveola Papillary Solid carcinoma with mucus formation Mixed Pure small cell carcinoma Combined small cell carcinoma Large cell neuroendocrine Basaloid Lymphoepithelial-like Large cell with rhabdoid phenotype Unknown  104- Carcer Stage  Occult 0		
Squamous Cell Carcinoma Other, specify Unknown  9 Histologic Subtype  Acinar Bronchioalveola Papillary Solid carcinoma with mucus formation Mixed Pure small cell carcinoma Combined small cell carcinoma Large cell neuroendocrine Basaloid Lymphoepithelial-like Large cell with rhabdoid phenotype Unknown  104- Carcer Stage  Occult 0		4
Other, specify Unknown  9 Histologic Subtype  Acinar Bronchioalveola Papillary Solid carcinoma with mucus formation Mixed Pure small cell carcinoma Combined small cell carcinoma Large cell neuroendocrine Basaloid Lymphoepithelial-like Large cell with rhabdoid phenotype Unknown  104- Carcer Stage  Occult 0	~	
9 Histologic Subtype  Acinar Bronchioalveola Papillary Solid carcinoma with mucus formation Mixed Pure small cell carcinoma Combined small cell carcinoma Large cell neuroendocrine Basaloid Lymphoepithelial-like Large cell with rhabdoid phenotype Unknown  104- Carrcer Stage  Occult	4	
Occult 0		
Occult 0		
Occult 0	9 Histologic Subtype	
Occult 0	SIC	
Occult 0	1820	
Occult 0		(
Occult 0	(b) (c)	Mixed
Occult 0		Pure small cell carcinoma
Occult 0	00	Combined small cell carcinoma
Occult 0	OX NY	Large cell neuroendocrine
Occult 0	I'll alla	
Occult 0	XX O/A	
Occult 0	6,0	-
Occult 0	- 04	
	10.4- Caricer Stage	Occult
	0,	0
IA ₍		IA
IB		IB

Folder: 2 year Follow up

Form: Study Evaluation and Diagnosis- Pt I, II

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Folder: 2 year Follow up

Form: Study Evaluation and Diagnosis- Pt III

Generated On: 09 Apr 2020 15:26:54

# Part IV. Diagnostic tests performed since the last Study Evaluation and Diagnosis Form was **completed** required if Q1=yes Note: All diagnostic tests will need a de-identified copy of the report uploaded into Rave NOW DERIVATION Diagnostic Test Type Biops Bone Sc SION ON TROPE MRI **PET** Sputum Surgical Pathology **TBNA** Thoracoscopy Thoracotomy **TTNA** Other, specify Evaluation and Diagnosis form Was test performed since last was completed? Yes Unknown Date of test Was test used osis described above? Yes Biopsy Bone Scan Bronchoscopy Chest X Ray CT Scan Mediastinoscopy MRI

Folder: 2 year Follow up

Form: Study Evaluation and Diagnosis- Pt III

_	
	PET
	Sputum
	Surgical Pathology
	TBNA
	Thoracoscopy
	Thoracotomy
	TFNA
	Other, specify
Vas test performed since last Study Evaluation and Diagnosis form	No
vas completed?	Yes
	Unknown
Date of test	, \
Vas test used to establish diagnosis described above?	No
71.20	Yes
Upload Report	
opioad Report	
Diagnostic Test Type	Biopsy
S	Bone Scan
	Bronchoscopy
	Chest X Ray
	CT Scan
	Mediastinoscopy
	MRI
	PET
II. W.	Sputum Sputum Surgical Pathology
YR OW.	Surgical Pathology TBNA
	Thoracoscopy
Diagnostic Test Type	Thoracotomy
)	Other, specify
Vas test performed since last Study Evaluation and Diagnosis form vas completed?	No
vas completeu:	Yes

Folder: 2 year Follow up

Form: Study Evaluation and Diagnosis- Pt III

	Unknown
Date of test	
Was test used to establish diagnosis described above?	No
	Yes
Upload Report	X
Diagnostic Test Type	Biopsy
	Bone Scan
	Bronchoscopy
	Chest X Ray
	CT Scan
	Mediastinoscopy
4 4	MRI
1/ '^C^	PET
OK. IK.	Sputum
	Surgical Pathology
	TBNA
	Thoracoscopy
62,0	Thoracotomy
	TTNA
Westernal size I Market Street Discussion forms	Other, specify
was test performed since last study exactation and Diagnosis form	No
was completed?	Yes
	Unknown
Date of test	
Was test used to establish diagnosis described above?	No
,\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Yes
Upload Report	<u> </u>
Diagnostre-Test Type	Biopsy
	Bone Scan
O`	Bronchoscopy
	Chest X Ray
	CT Scan

Folder: 2 year Follow up

Form: Study Evaluation and Diagnosis- Pt III

	Mediastinoscopy
	MRI
	PET
	Sputum
	Surgical Pathology
	TBNA
	Thoracoscopy
	Thoracotomy
	TTNA
	Other, specify
Was test performed since last Study Evaluation and Diagnosis form	No
was completed?	Yes
	Unknown
Date of test	<u> </u>
Was test used to establish diagnosis described above	No
02 42	Yes
Upload Report	<u> </u>
Diagnostic Test Type	Biopsy
	Bone Scan
	Bronchoscopy
	Chest X Ray
	CT Scan
8 4	Mediastinoscopy
Profit	MRI
	PET
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Sputum
5,0	Surgical Pathology
	TBNA
	Thoracoscopy
O'	Thoracotomy
Upload Report  Diagnostic Test Type	TTNA
	Other, specify

Folder: 2 year Follow up

Form: Study Evaluation and Diagnosis- Pt III

Was test performed since last Study Evaluation and Diagnosis form	No
was completed?	Yes
	Unknown
Date of test	X
Was test used to establish diagnosis described above?	No
	Yes
Upload Report	
Diagnostic Test Type	Biopsy
	Bone Scan
	Bronchoscopy
	Chest X Ray
4 4	CT Scan
	Mediastinoscopy
OK IK	MRI
	PET
	Sputum
	Surgical Pathology
65.0	TBNA
	Thoracoscopy
	Thoracotomy
	TTNA
Was test performed since last Study Evaluation and Diagnosis form	Other, specify
Was test performed since last Study Evaluation and Diagnosis form	No
was completed?	Yes
	Unknown
Date of test	
Was test used to establish diagnosis described above?	No
- 0-	Yes
Upload Report	
Diagnostic Test Type	Biopsy
	Bone Scan
	Bronchoscopy
	O

Folder: 2 year Follow up

Form: Study Evaluation and Diagnosis- Pt III

•	
	Chest X Ray
	CT Scan
	Mediastinoscopy
	MRI
	PET
	Sputum
	Surgical Pathology
	TBNA
	Thoracoscopy
	Thoracotomy
	TTNA
1	Other, specify
Was test performed since last Study Evaluation and Diagnosis form	No
was completed?	Yes
O(1)	Unknown
Date of test	
Was test used to establish diagnosis described above?	No
was test used to establish diagnosis described above.	$\cup$
	Yes
Upload Report	
Diagnostic Test Type	Biopsy
	Bone Scan
5.70	Bronchoscopy
	Chest X Ray
IK WILL	CT Scan
C. MI	Mediastinoscopy
(V) CO'	MRI
51,0	PET
- 0	Sputum
X	Surgical Pathology
5 PE	TBNA
	Thoracoscopy
	Thoracotomy
	TTNA
	$\cup$

Folder: 2 year Follow up

10FEB2020 (914)

Form: Study Evaluation and Diagnosis- Pt III

	Other, specify
Was test performed since last Study Evaluation and Diagnosis form	No O
was completed?	Yes
	Unknown
Date of test	<del>\</del>
Was test used to establish diagnosis described above?	No
<u> </u>	Yes
Upload Report	11/11/11
Diagnostic Test Type	Biopsy
	Bone Scan
	Bronchoscopy
4 4.	Chest X Ray
_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	CT Scan
OK, IK	Mediastinoscopy
	MRI
	PET
	Sputum
65,0	Surgical Pathology
	TBNA
	Thoracoscopy
	Thoracotomy
	TTNA
Was test performed since last Study Evaluation and Diagnosis form	Other, specify
Was test performed since last Study Evaluation and Diagnosis form	No
was completed?	Yes
1/V-O'	Unknown
Date of test	
Was test used to establish diagnosis described above?	No
	Yes
Upload Report	
Diagnostic Test Type	Biopsy
	Bone Scan
Draft 18.0 version 1.0 MIGPROD	310 of 444

Folder: 2 year Follow up

Form: Study Evaluation and Diagnosis- Pt III

-	
	Bronchoscopy
	Chest X Ray
	CT Scan
	Mediastinoscopy
	MRI
	RET
	Sputum
	Surgical Pathology
	TBNA
	Thoracoscopy
	Thoracotomy
. 1	TTNA
	Other, specify
Vas test performed since last Study Evaluation and Diagnosis for	No
vas completed?	Yes
02 42	Unknown
Pate of test	
Vas test used to establish diagnosis described above?	No
	Yes
Jpload Report	
Piagnostic Test Type	Biopsy
	Bone Scan
8	Bronchoscopy
12 M	Chest X Ray
.C. I MI	CT Scan
(100)	Mediastinoscopy
51,0	MRI
Piagnostic Test Type	PET
XX	Sputum
)`	Surgical Pathology
	TBNA
	Thoracoscopy
	Thoracotomy

Folder: 2 year Follow up

Form: Study Evaluation and Diagnosis- Pt III

	TTNA
	Other, specify
Was test performed since last Study Evaluation and Diagnosis form	No
was completed?	Yes
	Unknown
Date of test	1913
Was test used to establish diagnosis described above?	No
	Yes
Upload Report  Diagnostic Test Type  Was test performed since last Study Evaluation and Diagnosis form	
Diagnostic Test Type	Biopsy
	Bone Scan
4 64	Bronchoscopy
	Chest X Ray
OF IF	CT Scan
	Mediastinoscopy
	MRI
	PET
65,0	Sputum
	Surgical Pathology
	TBNA
	Thoracoscopy
5 4	Thoracotomy
	TTNA
112 april	Other, specify
Was test performed since last Study Evaluation and Diagnosis form	No
was completed?	Yes
2,70	Unknown
Date of test  Was test used to establish diagnosis described above?	
Was test used to establish diagnosis described above?	No
	Yes
Upload Report	

Folder: 2 year Follow up

Form: Surgical Lung Specimens- Formalin Fixed

Kit Barcode	
Date Specimen Mailed	
Biospecimen Type	Formalin Fixed Tumor Tissue
	Formalin Fixed Normal Tissue
Barcode Sequence #	
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/thaw occur?	No Yes Unknown
If yes to freeze/thaw- Total # of Times	7 4
If yes to freeze/thaw- length of each time	
Comments	7,12
Biospecimen Type	Formalin Fixed Tumor Tissue Formalin Fixed Normal Tissue
Barcode Sequence #	75
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/thaw occur?	No Yes
If yes to freeze thaw- Potal # of Times	Unknown
If yes to freeze/thaw length of each time	
Comments	
SPEC	

Folder: 2 year Follow up

Form: Surgical Lung Specimens- Fresh Frozen

Kit Barcode	
Date Specimen Mailed	
Biospecimen Type	Fresh Frozen Tumor Tissue
	Fresh Frozen Normal Tissue
Barcode Sequence #	
Check if specimen included	
Storage Temp	Fixed Unit: °C
Did any freeze/thaw occur?	No Yes Unknown
If yes to freeze/thaw- Total # of Times	7 4.
If yes to freeze/thaw- length of each time	V CV
Comments	2, 15-
Biospecimen Type	Fresh Frozen Tumor Tissue Fresh Frozen Normal Tissue
Barcode Sequence #	7
Check if specimen included	
Storage Temp	Fixed Unit: °C
Did any freeze/thaw occur?	No
5 11	Yes
	Unknown
If yes to freezerhaw- Total # of Times	
If yes to freeze/thave length of each time	
Comments	
8 10	
- 0	
1	
$\mathcal{O}$	

Folder: 2 year Follow up Form: CT Imaging

Did CT commence?	No
	Yes
Reason imaging did not commence	Adverse Event
	Claustrophobia
	Equipment failure/error
	Injection complication
	Other (specify additional
	information)  Participant refusal
	Unknown
Date of Imaging  Resultant	
Date of imaging	
	7 4,
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Profit	
C I MI	
XV-0/4	
61.0	
RALL	
$\bigcirc$	

Folder: 2 year Follow up- Biospecimen Collection

Form: Bronchoscopy

Was bronchoscopy performed?	No
	Yes
	Unknown
Primary reason bronchoscopy not performed	Patient Refused
	Site error
	Missing equipment
	Unknown
	Other, specify
Indicate the timepoint the bronchoscopy was performed	Baseline Visit
	Surgery
	Other, specify
Data of Propahagoany	Fixed Unit: MMM dd yyyy
Date of Bronchoscopy	Fixed Offit. WIWIWI dd yyyy
Was a sedative given?	No
was a sealarve given:	Yes
02 42	Unknown
0, 3	
Route of administration	Intravenous
119.50	Intramuscular
	Other, specify
Type used:	
Was a local anesthetic used	No
000	Yes
	Unknown
Type of local anesthetic	
TAY ON	No
Was end obronchial lissue obtained as part of the bronchoscopy?	Yes
	Unknown
Primary reason endobronchial tissue was not obtained	Site error
	Missing equipment
$\circ$	Unknown
	Adverse event
	Other, specify

Folder: 2 year Follow up- Biospecimen Collection

Form: Bronchoscopy

Were any adverse events that are considered possibly, probably, or	No( )
definetly related to the study-related biospecimen collection	Yes
procedures reported?	Unknown
Site	right upper lobe (RUL)
	subsegmental carinas
	right middle lobe (RML)
	subsegmental carinas
	left upper lote (LUL) subsegmental carinas
	Formalin-fixed
	Fresh-frozen
Check if collected	0
Fluorescence ratio at biopsy site	, V
Check if fluorescence ratio not done	
Date and Time Into Freezer	
Freezer Temp	Fixed Unit: °C
~ CO _	
Did any freeze/thaw occur?	No
SIS	Yes
18360,	Unknown
Freeze/Thaw Comments	
Other Comments	
Site	right upper lobe (RUL)
22/4	subsegmental carinas
	right middle lobe (RML)
	subsegmental carinas
	left upper lobe (LUL)
	subsegmental carinas
Site	Formalin-fixed
5,70	Fresh-frozen
Check i collected	
Fluorescence ratio at biopsy site	
Check if fluorescence ratio not done	
Date and Time Into Freezer	
Freezer Temp	Fixed Unit: °C

Folder: 2 year Follow up- Biospecimen Collection

Form: Bronchoscopy

10FEB2020 (914)

Other Comments  Site  right upper lobe (RML) subsegmental carinas right middle (Nat (RML) subsegmental carinas left upper lobe (LUL) chast general carinas round freezer Temp  Check if fluorescence ratio not done  Date and Time Into Freezer  Freezer Temp  Fixed Unit: 'C  Did any freeze/thaw occur?  Freeze/Thaw Comments  Other Comments  Site  right upper lobe (RUL) subsegmental carinas left upper lobe (LUL)	Did any freeze/thaw occur?	No
Freeze/Thaw Comments  Other Comments  Site  right upper lobe (RML) subsequentle capinas right middle lobe (RML) subsequentle capinas right middle lobe (RML) subsequentle capinas right middle lobe (RML) subsequentle capinas legrupper lobe (LUL) subsequentle capinas legrupper lobe (LUL) subsequentle capinas legrupper lobe (LUL) subsequentle capinas legrupper lobe (RML) subsequentle capinas right middle lobe (RML) subsequental capinas right middle lobe (RML) subsequental capinas right middle lobe (RML) subsequental capinas left upper lobe (LUL) subsequental capinas left upper lobe (LUL) subsequental capinas right middle lobe (RML) subsequental capinas left upper lobe (LUL) subsequental capinas left upper lobe (LUL) subsequental capinas left upper lobe (RML) subsequental capinas left upper lobe (LUL) subsequental capinas left upper lo		Yes
Other Comments  Site  right upper lobe (RML) subsegmental carinas right middle libre (RML) subsegmental carinas leir upper lobe (LUL) subsegmental carinas leir upper lobe (LUL) subsegmental carinas Formalin-fixed Fresh-frozen  Check if collected Fluorescence ratio at biopsy site  Check if fluorescence ratio at biopsy site  Tight upper lobe (RUL) Subsegmental carinas right middle lobe (RUL) subsegmental carinas right middle lobe (RUL) subsegmental carinas left upper lobe (RUL) subsegmental cari		Unknown
Site  right upper lobe (RML) subsegmental carinas right middle (the (RML) subsegmental carinas lor upper lobe (LUL) subsegmental carinas lor upper lobe (LUL) subsegmental carinas Formalin-fixed Fresh-frozen  Check if collected  Fluorescence ratio at biopsy site  Check if fluorescence ratio not done  Date and Time Into Freezer  Freezer Temp  Fixed Unit: "C  Did any freeze/thaw occur?  Freeze/Thaw Comments  Site  right upper lobe (RUL) subsegmental carinas right middle lobe (RUL) subsegmental carinas left upper lobe (RUL) subsegmental carinas left upper lobe (LUL) subsegmental carinas left upper lobe (RUL) subsegmental ca	Freeze/Thaw Comments	X
Site  right upper lobe (RML) subsegmental carinas right middle (the (RML) subsegmental carinas lor upper lobe (LUL) subsegmental carinas lor upper lobe (LUL) subsegmental carinas Formalin-fixed Fresh-frozen  Check if collected  Fluorescence ratio at biopsy site  Check if fluorescence ratio not done  Date and Time Into Freezer  Freezer Temp  Fixed Unit: "C  Did any freeze/thaw occur?  Freeze/Thaw Comments  Site  right upper lobe (RUL) subsegmental carinas right middle lobe (RUL) subsegmental carinas left upper lobe (RUL) subsegmental carinas left upper lobe (LUL) subsegmental carinas left upper lobe (RUL) subsegmental ca		
subsegmental carinas right middle five (RML) subsegmental carinas legrouper tobe (LUL) subsegmental carinas legrouper tobe (LUL) subsegmental carinas formalin-fixed Fresh-frozen  Check if collected  Check if fluorescence ratio not done  Date and Time Into Freezer  Freezer Temp  Fixed Unit: "C  Did any freeze/thaw occur?  No Yes Unknown  Tight upper lobe (RUL) subsegmental carinas right middle lobe (RML) subsegmental carinas right middle lobe (RML) subsegmental carinas right middle lobe (RML) subsegmental carinas Formalin-fixed  Fresh-frozen  Check if collected  Fluorescence ratio at biopsy site  Check if fluorescence ratio not done  Date and Time Into Freezer		right upper lebes(PNI)
right middle Page (RML) subsegmental carinas leir-upper lobe (LUL) chase gmental carinas Formalin-fixed Fresh-frozen  Check if collected  Fluorescence ratio at biopsy site  Check if fluorescence ratio not done  Date and Time Into Freezer  Freezer Temp  Fixed Unit: "C  Did any freeze/thaw occur?  No Yes Unknown  Freeze/Thaw Comments  Site  right upper lobe (RUL) subsegmental carinas right middle lobe (RML) subsegmental carinas left upper lobe (LUL) subsegmental carinas right middle lobe (RML) subsegmental carinas  Formalin-fixed Fresh-frozen  Check if collected  Fluorescence ratio at biopsy site  Check if fluorescence ratio not done  Date and Time Into Freezer	Site	subsegmental carinas
subsertantal carinas let ruper lobe (LUL) buse general carinas let ruper lobe (LUL) buse general carinas let ruper lobe (RUL) subsegmental carinas let ruper		right middle lobe (RML)
Check if collected Five Fresh-frozen  Check if collected Five Fresh-frozen  Check if fluorescence ratio at biopsy site  Check if fluorescence ratio not done  Date and Time Into Freezer  Freezer Temp  Fixed Unit: "C  Did any freeze/thaw occur?  No Yes Unknown  Freeze/Thaw Comments  Site  right upper lobe (RUL) subsegmental carinas left upper lobe (RML) subsegmental carinas left upper lobe (LUL) subsegmental carinas  Formalin-fixed Fresh-frozen  Check if collected  Fluorescence ratio at biopsy site  Check if fluorescence ratio not done  Date and Time Into Freezer		
Check if collected Fluorescence ratio at biopsy site Check if fluorescence ratio not done Date and Time Into Freezer Freezer Temp Fixed Unit: "C  Did any freeze/thaw occur?  Did any freeze/thaw comments Other Comments Site  right upper lobe (RUL) subsegmental carinas right middle lobe (RML) subsegmental carinas left upper lobe (LUL) subsegmental carinas Formalin-fixed Fresh-frozen  Check if collected Fluorescence ratio at biopsy site Check if fluorescence ratio not done Date and Time Into Freezer		
Check if collected Fluorescence ratio at biopsy site Check if fluorescence ratio not done Date and Time Into Freezer Freezer Temp Fixed Unit: "C  Did any freeze/thaw occur?  Did any freeze/thaw Comments Site  right upper lobe (RUL) subsegmental carinas right middle lobe (RML) subsegmental carinas left upper lobe (LUL) subsegmental carinas Formalin-fixed Fresh-frozen Check if collected Fluorescence ratio at biopsy site Check if fluorescence ratio not done Date and Time Into Freezer		subsegmental carinas
Check if collected Fluorescence ratio at biopsy site Check if fluorescence ratio not done Date and Time Into Freezer Freezer Temp Fixed Unit: "C  Did any freeze/thaw occur? No Yes Unknown Freeze/Thaw Comments Site  right upper lobe (RUL) subsegmental carinas right middle lobe (RML) subsegmental carinas left upper lobe (LUL)		Formalin-fixed
Fluorescence ratio at biopsy site Check if fluorescence ratio not done Date and Time Into Freezer Freezer Temp Fixed Unit: "C  Did any freeze/thaw occur?  Did any freeze/thaw comments Other Comments  Site  right upper lobe (RUL) subsegmental carinas right middle lobe (RML) subsegmental carinas left upper lobe (RUL) subsegmental carinas Formalin-fixed Fresh-frozen  Check if collected Fluorescence ratio at biopsy site Check if fluorescence ratio not done Date and Time Into Freezer		Fresh-frozen
Check if fluorescence ratio not done  Date and Time Into Freezer  Freezer Temp  Fixed Unit: "C  Did any freeze/thaw occur?  Did any freeze/thaw occur?  No Yes Unknown  Freeze/Thaw Comments  Other Comments  Site  right upper lobe (RUL) subsegmental carinas right middle lobe (RML) subsegmental carinas left upper lobe (LUL) subsegmental carinas Formalin-fixed Fresh-frozen  Check if collected  Fluorescence ratio at biopsy site  Check if fluorescence ratio not done Date and Time Into Freezer	Check if collected	
Check if fluorescence ratio not done  Date and Time Into Freezer  Freezer Temp  Fixed Unit: "C  Did any freeze/thaw occur?  Did any freeze/thaw occur?  No Yes Unknown  Freeze/Thaw Comments  Other Comments  Site  right upper lobe (RUL) subsegmental carinas right middle lobe (RML) subsegmental carinas left upper lobe (LUL) subsegmental carinas Formalin-fixed Fresh-frozen  Check if collected  Fluorescence ratio at biopsy site  Check if fluorescence ratio not done Date and Time Into Freezer	Fluorescence ratio at biopsy site	2 0 D
Freezer Temp  Fixed Unit: "C  No Yes Unknown  Freeze/Thaw Comments  Other Comments  Site  right upper lobe (RUL) subsegmental carinas right middle lobe (RML) subsegmental carinas left upper lobe (LUL) subsegmental carinas Formalin-fixed Fresh-frozen  Check if collected Fluorescence ratio at biopsy site  Check if fluorescence ratio not done  Date and Time Into Freezer	Check if fluorescence ratio not done	+ 'H-
Did any freeze/thaw occur?  No Yes Unknown  Freeze/Thaw Comments Other Comments  Site  right upper lobe (RUL) subsegmental carinas right middle lobe (RML) subsegmental carinas left upper lobe (LUL) subsegmental carinas Formalin-fixed Fresh-frozen  Check if collected Fluorescence ratio at biopsy site Check if fluorescence ratio not done Date and Time Into Freezer	Date and Time Into Freezer	
Did any freeze/thaw occur?  No Yes Unknown  Freeze/Thaw Comments Other Comments  Site  right upper lobe (RUL) subsegmental carinas right middle lobe (RML) subsegmental carinas left upper lobe (LUL) subsegmental carinas Formalin-fixed Fresh-frozen  Check if collected Fluorescence ratio at biopsy site Check if fluorescence ratio not done Date and Time Into Freezer	Freezer Temp	Fixed Unit: °C
Freeze/Thaw Comments Other Comments Site  right upper lobe (RUL) subsegmental carinas right middle lobe (RML) subsegmental carinas left upper lobe (LUL) subsegmental carinas left upper lobe (LUL) subsegmental carinas Formalin-fixed Fresh-frozen Check if collected Fluorescence ratio at biopsy site Check if fluorescence ratio not done Date and Time Into Freezer		•
Unknown  Freeze/Thaw Comments  Other Comments  Site  right upper lobe (RUL) subsegmental carinas right middle lobe (RML) subsegmental carinas left upper lobe (LUL) subsegmental carinas  Formalin-fixed Fresh-frozen  Check if collected  Fluorescence ratio at biopsy site  Check if fluorescence ratio not done  Date and Time Into Freezer	Did any freeze/thaw occur?	No No
Freeze/Thaw Comments  Other Comments  Site  right upper lobe (RUL) subsegmental carinas right middle lobe (RML) subsegmental carinas left upper lobe (LUL) subsegmental carinas Formalin-fixed Fresh-frozen  Check if collected Fluorescence ratio at biopsy site Check if fluorescence ratio not done Date and Time Into Freezer		Yes
Other Comments  Site  right upper lobe (RUL) subsegmental carinas right middle lobe (RML) subsegmental carinas left upper lobe (LUL) subsegmental carinas Formalin-fixed Fresh-frozen  Check if collected Fluorescence ratio at biopsy site Check if fluorescence ratio not done Date and Time Into Freezer	(S) (V)	Unknown
Other Comments  Site  right upper lobe (RUL) subsegmental carinas right middle lobe (RML) subsegmental carinas left upper lobe (LUL) subsegmental carinas Formalin-fixed Fresh-frozen  Check if collected Fluorescence ratio at biopsy site Check if fluorescence ratio not done Date and Time Into Freezer	Freeze/Thaw Comments	
subsegmental carinas right middle lobe (RML) subsegmental carinas left upper lobe (LUL) subsegmental carinas  Formalin-fixed Fresh-frozen  Check if collected Fluorescence ratio at biopsy site  Check if fluorescence ratio not done  Date and Time Into Freezer	Other Comments	
subsegmental carinas right middle lobe (RML) subsegmental carinas left upper lobe (LUL) subsegmental carinas  Formalin-fixed Fresh-frozen  Check if collected Fluorescence ratio at biopsy site  Check if fluorescence ratio not done  Date and Time Into Freezer	Site	right upper lobe (RIII.)
right middle lobe (RML) subsegmental carinas left upper lobe (LUL) subsegmental carinas  Formalin-fixed Fresh-frozen  Check if collected Fluorescence ratio at biopsy site  Check if fluorescence ratio not done  Date and Time Into Freezer		
Subsegmental carinas  Formalin-fixed Fresh-frozen  Check if collected Fluorescence ratio at biopsy site  Check if fluorescence ratio not done  Date and Time Into Freezer		
Subsegmental carinas  Formalin-fixed Fresh-frozen  Check if collected Fluorescence ratio at biopsy site  Check if fluorescence ratio not done  Date and Time Into Freezer		_
Subsegmental carinas  Formalin-fixed Fresh-frozen  Check if collected Fluorescence ratio at biopsy site  Check if fluorescence ratio not done  Date and Time Into Freezer	Call Co	left upper lobe (LUL)
Check if collected  Fluorescence ratio at biopsy site  Check if fluorescence ratio not done  Date and Time Into Freezer	200	subsegmental carinas
Check if collected  Fluorescence ratio at biopsy site  Check if fluorescence ratio not done  Date and Time Into Freezer	- 0-	Formalin-fixed
Fluorescence ratio at biopsy site  Check if fluorescence ratio not done  Date and Time Into Freezer		Fresh-frozen
Check if fluorescence ratio not done  Date and Time Into Freezer  Date and Time Into Freezer	Check if collected	
Check if fluorescence ratio not done  Date and Time Into Freezer  Date and Time Into Freezer	Fluorescence ratio at biopsy site	
D. C. 10.0	Check if fluorescence ratio not done	
Draft 18.0 version 1.0 MIGPROD 318 of 444	Date and Time Into Freezer	
	Draft 18.0 version 1.0 MIGPROD	318 of 444

Folder: 2 year Follow up- Biospecimen Collection

Form: Bronchoscopy

Freezer Temp	Fixed Unit: °C
Did any freeze/thaw occur?	No No
	Yes
	Unknown
E /FI C	
Freeze/Thaw Comments	
Other Comments	
Site	right upper lebe (RUL)
	subsegmental carinas
	right middle lobe (RML) subsegmental carinas
	left upper lobe (LUL)
	subsegmental carinas
	Formalin-fixed
	Fresh-frozen
Check if collected	
Fluorescence ratio at biopsy site	
Check if fluorescence ratio not done	S
Date and Time Into Freezer	
Freezer Temp	Fixed Unit: °C
Did any freeze/thaw occur?	
Did any necestaliaw occurs	$\cup$
80 10.	Yes
0	Unknown
Freeze/Thaw Comments	
Other Comments	
Site	right upper lobe (RUL)
	subsegmental carinas
2.10	right middle lobe (RML)
- 02	subsegmental carinas
<b>~</b> `	left upper lobe (LUL) subsegmental carinas
)	Formalin-fixed
	Fresh-frozen
Check if collected	

Folder: 2 year Follow up- Biospecimen Collection

Form: Bronchoscopy

Fluorescence ratio at biopsy site	
Check if fluorescence ratio not done	
Date and Time Into Freezer	
Freezer Temp	Fixed Unit: °C
Did any freeze/thaw occur?	No
	Yes
	Unknown
Freeze/Thaw Comments	
Other Comments  Other Comments  Other Comments  Other Comments  Other Comments  Other Comments	0
	,
7,00	
0, 1),	
7000	
62, 06	
1/20	
5 10	
,2,10	
2,70	
Q Q V	
OP PX	
7	

Folder: 2 year Follow up- Biospecimen Collection

Form: Blood Collection

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Generated On: 09 Apr 2020 15:26:54

Was blood collection performed?	No
	Yes
	Unknown
Reason blood collection not performed	Sample not collected
•	Collection tubes broken
	Patient Refusal
	Adverse Event
	Site error
	Other, specify
Date of Blood Collection	Fixed Unit: MMM dd yyyy
Time of blood collection	Fixed Unit: HH:mm
Were any adverse events that are considered possibly, probably, or	No
lefinetly related to the study-related biospecimen collection	Yes
procedures reported?	Unknown
Was plasma collection performed?	No
65.0	Yes
	Unknown
Were plasma samples processed and stored within 2 hours of blood	No
collection?	Yes
5.40	Unknown
Did plasma samples undergo centrifugation within 2 hours of blood	No
collection?	Yes
K ON	Unknown
Primary reason plasma collection was not performed	Sample not collected
200	Collection tubes broken
· ,	Patient Refusal
	Adverse Event
$\mathcal{I}$	Site error
	Other, specify
Was plasma collection performed per protocol?	No
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Folder: 2 year Follow up- Biospecimen Collection

Form: Blood Collection

•	
	Yes
	Unknown
Primary reason plasma collection was not performed per protocol	Collection Tube(s) broke
	Missing Materials
	Site error
	Storage not per protocol
	Other, specify
Was buffy coat collection performed?	No
	Yes
	Unknown
Primary reason buffy coat collection was not performed	Sample not collected
1	Collection tubes broken
	Patient Refusal
0/1/6	Adverse Event
200	Site error
0,5	Other, specify
Was buffy coat collection performed per protocol?	No
(S ² /O')	Yes
	Unknown
Primary reason buffy coat collection was not performed per	Collection Tube(s) broke
protocol	Missing Materials
001/2	Site error
OK NK.	Storage not per protocol
II Ma.	Other, specify
Was serum collection performed?	No
6,0	Yes
	Unknown
Primary reason serum collection was not performed	Sample not collected
	Collection tubes broken
	Patient Refusal
	Adverse Event
	Site error

Folder: 2 year Follow up- Biospecimen Collection

Form: Blood Collection

•	
	Other, specify
Was serum collection performed per protocol?	No
	Yes
	Unknown
Primary reason serum collection was not performed per protocol	Collection Tube(s) broke
	Missing Materials
	Site error
	Storage not per protocol
	Other, specify
Was PAX gene collection performed?	No
	Yes
, <del>\</del>	Unknown
Primary reason PAX genecollection was not performed	Sample not collected
0,-1),	Collection tubes broken
20	Patient Refusal
10,00	Adverse Event
	Site error
	Other, specify
Was PAX gene collection performed per protocol?	No
	Yes
$\sim$	Unknown
Primary reason RAX gene collection was not performed per protocol	Collection Tube(s) broke
protocor	Missing Materials
C. I MI	Starrage and representational
	Storage not per protocol Other, specify
	<u> </u>
Was street collection performed?	No
	Yes Unknown
Primary reason streck collection was not performed	Sample not collected
	Collection tubes broken Patient Refusal
	ratient Refusal

Folder: 2 year Follow up- Biospecimen Collection

Form: Blood Collection

•	
	Adverse Event
	Site error
	Other, specify
Vas streck collection performed per protocol?	No
	Xes
	Unknown
rimary reason streck collection was not performed per protocol	Collection Tube(s) broke
rimary reason streek conceiton was not performed per protocor	Missing Materials
	Site error
	Storage not per protocol
	Other, specify
N DDIVC II i' C 19	
Vas PBMC collection performed?	No
7/0	Yes
0,7),	Unknown
Primary reason PBMC collection was not performed per projectle	Collection Tube(s) broke
0, 2	Missing Materials
SIST	Site error
6,0,	Storage not per protocol
	Other, specify
Was PBMC collection perfornted per protocol?	No
	Yes
25/4	Unknown
ube Type	Purple Top Venous Blood
XX ON.	Collection Tube
	Red Top Venous Blood Collection Tube
2 (1)	PAXgene tube
	Yellow Top Venous Blood
<b>\'</b>	Collection Tube
	Streck Tube
heck if tube collected	
Leason Tube Not Collected	Patient Refused

Folder: 2 year Follow up- Biospecimen Collection

Form: Blood Collection

•	
	Adverse Event
	Site Error
	Unknown
	Other, specify
Tube Type	Purple Top Venous Blood
ruse Type	Collection Tube
	Red Top Venous Blood
	Collection Tube  PANgene tube
	Yellow Top Venous Blood
	Collection Tube
	Streck Tube
Check if tube collected	
Reason Tube Not Collected	Patient Refused
	Adverse Event
	Site Error
4	Unknown
Tube Type  Check if tube collected	Patient Refused Adverse Event Site Error Unknown Other, specify
Tube Type	Purple Top Venous Blood
,500	Collection Tube
	Red Top Venous Blood
8,77	Collection Tube PAXgene tube
60,00	Yellow Top Venous Blood
22/4	Collection Tube
	Streck Tube
Check if tube collected	
Reason Tabe Not Collected	Patient Refused
	Adverse Event
2, %	Site Error
• 02	Unknown
<b>^</b>	Other, specify
Type	Purple Top Venous Blood
Гиве Туре	Collection Tube
	Red Top Venous Blood
	Collection Tube

Folder: 2 year Follow up- Biospecimen Collection

Form: Blood Collection

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	PAXgene tube
	Yellow Top Venous Blood
	Collection Tube
	Streck Tube
Check if tube collected	<u> </u>
Reason Tube Not Collected	Patient Refused
	Adverse Event
	Site Error
	Unknown
	Other, specify
Tube Type	Purple Top Venous Blood Collection Tube
	Red Top Venous Blood
	Collection Tube
	Red Top Venous Blood Collection Tube PAXgene tube Yellow Top Venous Blood Collection Tube Streck Tube
	Yellow Top Venous Blood
4	Collection Tube
	Streck Tube
Check if tube collected	
Reason Tube Not Collected	Patient Refused
	Adverse Event
	Site Error
	Unknown
Reason Tube Not Collected	Other, specify
	<u> </u>
Tube Type	Purple Top Venous Blood Collection Tube
CITE COMPA	Red Top Venous Blood
	Collection Tube
	PAXgene tube
5, 70	Yellow Top Venous Blood
- 0	Collection Tube
*	Streck Tube
Check if tube collected	
Reason Tube Not Collected	Patient Refused
	Adverse Event
	Site Error
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Form: Blood Collection

	Unknown
	Other, specify
Tube Type	Purple Top Venous Blood Collection Tube
	Red Top Venous Blood
	Collection Tube
	PAXgene tube
	Yellow Top Venous Blood
	Collection Tube Streck Tube
	Streck Tube
Check if tube collected	
Reason Tube Not Collected	Patient Refused
	Adverse Event
	Adverse Event  Site Error  Unknown  Other, specify
	Unknown
	Other, specify
Tube Type	Purple Top Venous Blood
Tube Type	Collection Tube
	Red Top Venous Blood
65,0	Collection Tube
	PAXgene tube
	Yellow Top Venous Blood
	Collection Tube
	Streck Tube
Tube Type  Check if tube collected	
Reason Tube Not Collected	Patient Refused
II WAY	Adverse Event
SIECOMM	Site Error
	Unknown
2,70	Other, specify
$\mathcal{S}$	

Total # of Aliquots prepared from the Blood Collection	
If yes  If all aliquots listed were put into the same freezer on the same day.	•
date/time and freezer temp in the fields below. Please leave these	columns in the table blank
Did all of the listed aliquots go into the same freezer at the same date/time?	No
date/time?	Yes
	Unknown
Temperature of Freezer for All Aliquots	
Date/Time into Freezer for All Aliquots	19,
The below table is prefilled with the expected blood collection samp should reflect the actual samples processed/collected. The total number total number of rows in the table. If PBMC preparation and/or Budetails of the aliquots should not be recorded on this form, but so Blood Collection Form and/or Buffy Coat Collection Form	ber of items collected should equal the ffy Coat Preparation is performed,
Collection Type	Plasma Collection
CONCEILON TYPE  CSION ON THE STATE OF THE ST	Buffy Coat Collection
0,20	Serum Collection
2.0	
,0,0	PAX Gene
Ch C	PBMC
500	Streck
Check if collected	
Amount of aliquot in vial/tube	Fixed Unit: mL
Date and Time into -20 Preezer	
Temperature of Free er	
Data and Time into -80° Freezer	
Did any freeze-than occur?	No
-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Yes
5,70	Unknown
Temperature of freezer	Fixed Unit: °C
Comments regarding freeze-thaw	
Other comments	
Collection Type	Plasma Collection

Serum Collection PAX Gene PBMC Strock Check if collected Amount of aliquot in vial/tube  Date and Time into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer Did any freeze-thaw occur?  No Yes Unknown Temperature of freezer Fixed Unit: °C Comments regarding freeze-thaw Other comments  Collection Type  Plasma Collection Buffy Coat Collection Serum Collection PAX Gene PBMC Streck Check if collected Amount of aliquot in vial/tube  Fixed Unit: ml		Buffy Coat Collection
Check if collected Amount of aliquot in vial/tube  Date and Time into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer Did any freeze-thaw occur?  No Yes Unknown Temperature of freezer  Fixed Unit: "C  Comments regarding freeze-thaw Other comments  Collection Type  Plasma Collection Buffy Coat Collection PAX Gene PBMC Streck  Check it collected		Serum Collection
Check if collected  Amount of aliquot in vial/tube  Date and Time into -20° Freezer  Temperature of Freezer  Data and Time into -80° Freezer  Did any freeze-thaw occur?  No Yes Unknown  Temperature of freezer  Comments regarding freeze-thaw  Other comments  Collection Type  Plasma Collection  Buffy Coat Collection  Serum Collection  PAX Gene  PBMC  Streck  Check if collected		PAX Gene
Check if collected Amount of aliquot in vial/tube  Date and Time into -20° Freezer Temperature of Freezer Data and Time into -80° Freezer Did any freeze-thaw occur?  No Yes Unknown Temperature of freezer  Comments regarding freeze-thaw Other comments  Collection Type  Plasma Collection Buffy Coat Collection Buffy Coat Collection PAX Gene PBMC Streck  Check if collected		РВМС
Amount of aliquot in vial/tube  Date and Time into -20° Freezer  Temperature of Freezer  Data and Time into -80° Freezer  Did any freeze-thaw occur?  No Yes Unknown  Temperature of freezer  Comments regarding freeze-thaw  Other comments  Collection Type  Plasma Collection  Buffy Coat Collection  Serum Collection  PAX Gene PBMC  Streck  Check if collected		Streck
Date and Time into -20° Freezer  Temperature of Freezer  Data and Time into -80° Freezer  Did any freeze-thaw occur?  No Yes Unknown  Temperature of freezer  Comments regarding freeze-thaw  Other comments  Collection Type  Plasma Collection  Buffy Coat Collection  Serum Collection  PAX Gene PBMC  Streck  Check if Collected	Check if collected	
Temperature of Freezer  Data and Time into -80° Freezer  Did any freeze-thaw occur?  No Yes Unknown  Temperature of freezer  Comments regarding freeze-thaw  Other comments  Collection Type  Plasma Collection  Buffy Coat Collection  Serum Collection  PAX Gene PBMC  Streck  Check if collected	Amount of aliquot in vial/tube	Fixed Unit: mL
Temperature of Freezer  Data and Time into -80° Freezer  Did any freeze-thaw occur?  No Yes Unknown  Temperature of freezer  Comments regarding freeze-thaw  Other comments  Collection Type  Plasma Collection  Buffy Coat Collection  Serum Collection  PAX Gene PBMC  Streck  Check if collected		'M'
Data and Time into -80° Freezer  Did any freeze-thaw occur?  No Yes Unknown  Temperature of freezer  Comments regarding freeze-thaw  Other comments  Collection Type  Plasma Collection Buffy Coat Collection Serum Collection PAX Gene PBMC Streck  Check if collected	Date and Time into -20° Freezer	
Did any freeze-thaw occur?  No Yes Unknown  Temperature of freezer  Comments regarding freeze-thaw  Other comments  Collection Type  Plasma Collection Buffy Coat Collection Serum Collection PAX Gene PBMC Streck  Check if collected	Temperature of Freezer	
Temperature of freezer  Comments regarding freeze-thaw Other comments  Collection Type  Plasma Collection Buffy Coat Collection Serum Collection PAX Gene PBMC Streck  Check if collected	Data and Time into -80° Freezer	
Temperature of freezer  Comments regarding freeze-thaw Other comments  Collection Type  Plasma Collection Buffy Coat Collection Serum Collection PAX Gene PBMC Streck  Check if collected	Did any freeze-thaw occur?	No
Temperature of freezer  Comments regarding freeze-thaw  Other comments  Collection Type  Plasma Collection  Buffy Coat Collection  Serum Collection  PAX Gene  PBMC  Streck  Check if collected		Yes
Comments regarding freeze-thaw  Other comments  Collection Type  Plasma Collection Buffy Coat Collection Serum Collection PAX Gene PBMC Streck  Check if collected	_	Unknown
Comments regarding freeze-thaw  Other comments  Collection Type  Plasma Collection Buffy Coat Collection Serum Collection PAX Gene PBMC Streck  Check if collected	Temperature of freezer	Fixed Unit: °C
Other comments  Collection Type  Plasma Collection Buffy Coat Collection Serum Collection PAX Gene PBMC Streck  Check if collected	4	O
Other comments  Collection Type  Plasma Collection Buffy Coat Collection Serum Collection PAX Gene PBMC Streck  Check if collected	Comments regarding freeze-thaw	
Collection Type  Plasma Collection Buffy Coat Collection Serum Collection PAX Gene PBMC Streck Check if collected		
Check if collected		Plasma Collection
Check if collected	Concetion Type	
Check if collected		
Check if collected		
Check if collected	25.7	
Check if collected		
		Streck
Amount of aliquot in vial/tube Fixed Unit: mI		<u></u>
	Amount of aliquot in vial/tube	Fixed Unit: mL
2,10	5,0	
Date and Time into -20° Freezer		
Temperature of Freezer		-
Data and Time into -80° Freezer		
Pid any freeze-thaw occur?	Und any freeze-thaw occur'?	
Yes		
Unknown		Unknown

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Temperature of freezer	Fixed Unit: °C
Comments regarding freeze-thaw	
Other comments	
Collection Type	Plasma Collection
Collection Type	
	Buffy Coat Collection
	Serum Collection
	RAX Gene
	PBMC
	Streck
Check if collected	
Amount of aliquot in vial/tube	Fixed Unit: mL
Date and Time into -20° Freezer	7,2
Temperature of Freezer	. ~ .
Data and Time into -80° Freezer	-0
Did any freeze-thaw occur?	No
SI SP	Yes
·65,0°	Unknown
	$\overline{}$
Temperature of freezer	Fixed Unit: °C
Comments regarding freeze-thaw	
Other comments	
Collection Type	Plasma Collection
11, 11,	Buffy Coat Collection
ILK OW.	Serum Collection
	PAX Gene
2 10	PBMC
- 6-4	Streck
<u> </u>	Streck
Check if collected	
Amount of aliquot in vial/tube	Fixed Unit: mL
Date and Time into -20° Freezer	
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Temperature of Freezer	
Data and Time into -80° Freezer	
Did any freeze-thaw occur?	No
	Yes
	Unknown
Temperature of freezer	Fixed Unit: °C
Comments regarding freeze-thaw	
Other comments	
Collection Type	Plasma Collection
Conection Type	Buffy Coat Collection
4	Samue Callaction
$\prec$	Serum Collection
ONLY	PAX Gene
	PBMC
	Streck
Check if collected	
Amount of aliquot in vial/tube	Fixed Unit: mL
62,00	
Date and Time into -20° Freezer	
Temperature of Freezer	
Data and Time into -80° Freeze	
Did any freeze-thaw occur?	No
00/12	Yes
	Unknown
Temperature of freezer	Fixed Unit: °C
Temperature of newsearch	Tixed Cilit.
Constants about in a facers thou	
Other comments	
Collection Type	Plasma Collection
O.,	Buffy Coat Collection
	Serum Collection
	PAX Gene
	PBMC
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	Streck
Check if collected	
Amount of aliquot in vial/tube	Fixed Unit: mL
Date and Time into -20° Freezer	
Temperature of Freezer	
Data and Time into -80° Freezer	
Did any freeze-thaw occur?	No
	Yes
	Unknown
Temperature of freezer	Fixed Unit: °C
Comments regarding freeze-thaw	
Other comments	.0-
Collection Type	Plasma Collection
Collection Type	Buffy Coat Collection
10, 2	Serum Collection
SISP	PAX Gene
5,0	PBMC
	Streck
	Succk
Check if collected	
Amount of aliquot in vial tube	Fixed Unit: mL
Date and Time into -20° Freezer	
Temperature of Freezer	
Data and Time into 80° Freezer	
Did any freeze-thaw occur?	$^{\text{No}}$
- 0	Yes
*	Unknown
Temperature of freezer	Fixed Unit: °C
$\mathbf{\mathcal{G}}$	
Comments regarding freeze-thaw	
Other comments	
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Collection Type	Plasma Collection
	Buffy Coat Collection
	Serum Collection
	PAX Gene
	РВМС
	Sheck
Check if collected	
Amount of aliquot in vial/tube	Fixed Unit: mL
Date and Time into -20° Freezer	
Temperature of Freezer	
Data and Time into -80° Freezer	1 4
Did any freeze-thaw occur?	No
	Yes
. 0	Unknown
Temperature of freezer	Fixed Unit: °C
0,0	
Comments regarding freeze-thaw	
Other comments	
Collection Type	Plasma Collection
(b), (b)	Buffy Coat Collection
60,00	Serum Collection
2017	PAX Gene
	РВМС
Collection Type  REMILE  Collection Type	Streck
Check if collected	
Amount of aliquet in vial/tube	Fixed Unit: mL
	2 <b>.</b>
Date and Time into -20° Freezer	
Temperature of Freezer	
Data and Time into -80° Freezer	-
Did any freeze-thaw occur?	No
	Yes
	163

	Unknown
Temperature of freezer	Fixed Unit: °C
Comments regarding freeze-thaw	
Other comments	
Collection Type	Plasma Collection
	Buffy Coat Collection
	Serum Collection
	PAX Gene
	PBMC
	Streck
Check if collected	
Amount of aliquot in vial/tube	Fixed Unit: mL
Amount of anquot in viantube	Fixed Offic. III.
Date and Time into -20° Freezer	
Temperature of Freezer	
Data and Time into -80° Freezer	
Did any freeze-thaw occur?	No
	Yes
	Unknown
Temperature of freezer	Fixed Unit: °C
5	
Comments regarding freeze-thaw	
Other comments	
Collection Type	Plasma Collection
(V) O(V	Buffy Coat Collection
8,0	Serum Collection
	PAX Gene
\ \C_{\text{-}}	PBMC
$\hat{\mathcal{L}}$	Streck
Check if collected	
Amount of aliquot in vial/tube	Fixed Unit: mL

Date and Time into -20° Freezer	
Temperature of Freezer	
Data and Time into -80° Freezer	
Did any freeze-thaw occur?	No
	Yes
	Unknown
Temperature of freezer	Hxed Unit: °C
Temperature of freezer	Act ont. C
Comments regarding freeze-thaw	
Other comments	
Collection Type	Plasma Collection
	Buffy Coat Collection
	Serum Collection
	Buffy Coat Collection Serum Collection PAX Gene PBMC Streck
	РВМС
	Streck
	Streek
Check if collected	
Amount of aliquot in vial/tube	Fixed Unit: mL
Date and Time into -20° Freeze	
Temperature of Freezer	
Data and Time into -80° Preezer	
Did any freeze-thaw occur?	No
	Yes
IL WILL	Unknown
Temperature of freezer	Fixed Unit: °C
remperature of neezer	Fixed Offit. C
5,0	
Comments regarding freeze-thaw	
Other comments	
Collection Type	Plasma Collection
$\mathcal{O}$	Buffy Coat Collection
-	Serum Collection
	PAX Gene
	77117 36110

Folder: 2 year Follow up- Biospecimen Collection Form: Blood Collection Aliquots- Required Generated On: 09 Apr 2020 15:26:54

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	PBMC
	Streck
Check if collected	
Amount of aliquot in vial/tube	Fixed Unit: mL
	× P
Date and Time into -20° Freezer	
Temperature of Freezer	
Data and Time into -80° Freezer	
Did any freeze-thaw occur?	No
	Yes
	Unknown
Temperature of freezer	Fixed Unit: °C
Tomportunite of needed	C.
Comments regarding freeze-thaw	2
Other comments	
	Plasma Collection
Collection Type  Representation Type	
	Buffy Coat Collection
(5) (0)	Serum Collection
	PAX Gene
0,0	PBMC
	Streck
Check if collected	
Amount of aliquet in vial/tube	Fixed Unit: mL
12001	
Date and Time into 20 Freezer	
Temperature of Freezer	
Data and Time into -80° Freezer	
Did any freeze-thaw occur?	No
	Yes
	Unknown
Temperature of freezer	Fixed Unit: °C
Total State of Model	Thou out. C
Comments regarding freeze-thaw	
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Folder: 2 year Follow up- Biospecimen Collection

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Folder: 2 year Follow up- Biospecimen Collection Form: Blood Collection Aliquots- Buffy Coat

Collection Type	Plasma Collection
	Buffy Coat Collection
	Serum Collection
	PAX Gene
	РВМС
	Streck
Check if collected	
VIal/Tube Type	2mL cryovials
	5mL cryovial
	15mL cryovial
	PAXgene Blood RNA tube
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
	P
Did any freeze-thaw occur to the sample?	No O
	Yes
	Unknown
Comments regarding freeze- thaw	
Other comment	
Collection Type	Plasma Collection
Contents 1),po	Buffy Coat Collection
5000	Serum Collection
8 4	PAX Gene
, PV , NV	PBMC
C I Was	Streck
	<u> </u>
Check i collected	2mL arrayials
Vian I doe lype	2mL cryovials
X	5mL cryovial 15mL cryovial
<u></u>	PAXgene Blood RNA tube
	rangelle blood KIVA lube
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C

Folder: 2 year Follow up- Biospecimen Collection Form: Blood Collection Aliquots- Buffy Coat

Did any freeze-thaw occur to the sample?	No
	Yes
	Unknown
Comments regarding freeze- thaw	
Other comment Comment	
Collection Type	Plasma Collection
71	Buffy Coat Collection
	Section Collection
	PAX Gene
	PBMC
	Streck
Check if collected	
	2mL arravials
VIal/Tube Type	2mL cryovials 5mL cryovial
0, 3	15mL cryovial
2.0	15mL cryovial
0, 8	PAXgene Blood RNA tube
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
Did any freeze-thaw occur to the sample?	No
Did any freeze-thaw occur to the sample?	Yes
	Unknown
25/20	Clikilowii
Comments regarding freeze-thaw	
Other commen	
Collection Type	Plasma Collection
	Buffy Coat Collection
2,70	Serum Collection
	PAX Gene
	PBMC
<b>)</b>	Streck
Check if collected	
VIal/Tube Type	2mL cryovials
	<b>O</b>

Folder: 2 year Follow up- Biospecimen Collection Form: Blood Collection Aliquots- Buffy Coat

	5mL cryovial
	15mL cryovial
	PAXgene Blood RNA tube
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: C
Did any freeze-thaw occur to the sample?	No
	Yes
	Unknown
Comments regarding freeze- thaw	
Other comment	
Collection Type	Plasma Collection
	Plasma Collection Buffy Coat Collection Serum Collection PAX Gene PBMC Streck
	Serum Collection
	PAX Gene
of c	РВМС
	Streck
Check if collected	
VIal/Tube Type	2mL cryovials
VIal/Tube Type	5mL cryovial
	15mL cryovial
5 2	PAXgene Blood RNA tube
Date and Time into Preezer	
Temperature of Freezer	Fixed Unit: °C
K ON!	
Did any freeze-thaw occur to the sample?	No
2,10	Yes
- 0-	Unknown
Comments regarding freeze- thaw	
Other comment	
Collection Type	Plasma Collection
	Buffy Coat Collection

Folder: 2 year Follow up- Biospecimen Collection Form: Blood Collection Aliquots- Buffy Coat

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•	
	Serum Collection
	PAX Gene
	PBMC
	Streck
Check if collected	
VIal/Tube Type	2mL cryovials
	5m. cryovial
	Sail cryovial
	PAXgene Blood RNA tube
	TAAgett Ribbi KIVA tube
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
Did any freeze-thaw occur to the sample?	No
	Yes
, O'	Unknown
Comments regarding freeze- thaw	O
Other comment	<del></del>
Check if collected	Plasma Collection
	Buffy Coat Collection
	Serum Collection
	PAX Gene
5 1	PBMC
8	Streck
Check if collected	
VIal/Tube/Type	2mL cryovials
__\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	5mL cryovial
5,0	15mL cryovial
	PAXgene Blood RNA tube
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
reinperature of Freezer	rixed Ullit: C
Did any freeze-thaw occur to the sample?	No
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Folder: 2 year Follow up- Biospecimen Collection Form: Blood Collection Aliquots- Buffy Coat

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Comments regarding freeze- thaw Other comment  Test Unknown  Control to Cumulting II  Control to
Other comment  Other
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Folder: 2 year Follow up- Biospecimen Collection

Form: Blood Collection Aliquots- PBMC Generated On: 09 Apr 2020 15:26:54

Date and Time of Start of PBMC Processing	Fixed Unit: MMM dd yyy HH:MM
PBMC count	Fixed Unit: 10 ⁶ cells/mL
Collection Type	Plasma Collection Buffy Coat Collection Serum Collection
	PBMC Streck
Check if collected	
VIal/Tube Type	2mL cryovials 5mL cryovial 15mL cryovial PAXgene Blood RNA tube
Number of Cells	
LTGO volume	
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
Did any freeze-thaw occur to the sample?	No Yes
	Unknown
Comments regarding freeze-thaw	
Other comment	
Collection Type	Plasma Collection
2,10	Buffy Coat Collection
- OX	Serum Collection
X \	PAX Gene
),	PBMC
	Streck
Check if collected	
Check if collected	

Folder: 2 year Follow up- Biospecimen Collection

Form: Blood Collection Aliquots- PBMC Generated On: 09 Apr 2020 15:26:54

VIal/Tube Type	2mL cryovials
	5mL cryovial
	15mL cryovial
	PAXgene Blood RNA tube
Number of Cells	
LTGO volume	
Date and Time into Freezer	
Temperature of Freezer	fixed Unit: ℃
Did any freeze-thaw occur to the sample?	No Yes Unknown
Comments regarding freeze- thaw	
Other comment	
Check if collected VIal/Tube Type	Plasma Collection Buffy Coat Collection Serum Collection PAX Gene PBMC Streck  2mL cryovials
Number of Cells  ICO volume	5mL cryovial 15mL cryovial PAXgene Blood RNA tube
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
Did any freeze-thaw occur to the sample?	No
	Yes
	Unknown

Folder: 2 year Follow up- Biospecimen Collection

Form: Blood Collection Aliquots- PBMC Generated On: 09 Apr 2020 15:26:54

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Comments regarding freeze- thaw	
Other comment	
Collection Type	Plasma Collection
	Buffy Coat Collection
	Serum Collection
	PAX Oene
	PBMC
	Streck
Check if collected	
VIal/Tube Type	2mL cryovials
71	5mL cryovial
	15mL cryovial
	PAXgene Blood RNA tube
Number of Cells	Tringelle Blood Rivir tube
	/ / / <del>-</del>
LTGO volume  Date and Time into Freezer	
	Fixed Unit: °C
Temperature of Freezer	Fixed Unit: C
Did any freeze-thaw occur to the sample?	No
	Yes
	Unknown
Comments regarding freeze- that	
Other comment	
Collection Type	Plasma Collection
C I WILL	Buffy Coat Collection
XX OIA	Serum Collection
S) ()	PAX Gene
	PBMC
	Streck
Check if collected	
VIal/Tube Type	2mL cryovials
	5mL cryovial
	15mL cryovial
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Folder: 2 year Follow up- Biospecimen Collection

Form: Blood Collection Aliquots- PBMC Generated On: 09 Apr 2020 15:26:54

	PAXgene Blood RNA tub
Number of Cells	
LTGO volume	
Date and Time into Freezer	
Temperature of Freezer	Fixed Uni
Did any freeze-thaw occur to the sample?	N Ye Unknow
Comments regarding freeze- thaw	
Other comment	$\overline{}$
SORSO	
CUBNISSIONSO	
RB MIENDED FOR SO	
Comments regarding freeze- thaw Other comment  Other comment  Other comment  Other comment	

Folder: 2 year Follow up- Biospecimen Collection

Form: Bronchial Airway Brushing Generated On: 09 Apr 2020 15:26:54

Was bronchial airway brushing performed?	No
	Yes
	Unknown
Primary reason not performed	Patient Refused
	Missing Materials
	Adverse Event
	Unknown
	Other, specify
Indicate the timepoint the bronchial airway brushing was performed	Baseline Visit
	Surgery
	Other, specify
Was bronchial airway brushing performed per protocol?	No
	Yes
OK IK	Unknown
Primary reason not performed per protocol	Missing Materials
	Site error
	Adverse Event
,65,0	Bronchoscopy not performed
anissio. Ps	Unknown
	Other, specify
Date of bronchial airway Britshing	Fixed Unit: MMM dd yyyy
Were any adverse events that are considered possibly, probably, or	No
definetly related to the study-related biospecimen collection	Yes
procedures reported?	Unknown
Type	Tube A
	Tube B
-,	Tube C
	Tube D
Eppendorf tube containing	1mL of RNA protect Cell
	Reagent
	1mL of 1X PBS solution for proteomic analysis
	proteomic analysis

Folder: 2 year Follow up- Biospecimen Collection

Form: Bronchial Airway Brushing Generated On: 09 Apr 2020 15:26:54

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	1mL of 1X PBS solution for
	DNA extraction
	1mL of RNA protect Cell
	Reagent
Check if collected	
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
Did any freeze-thaw occur to the sample?	No
,	Yes
	Unknown
Comments regarding freeze-thaw	
Other comments	1 4
Type	Tube A
2	Tube B
, O'	Tube C
	Tube D
Eppendorf tube containing	1mL of RNA protect Cell
65,0	Reagent 1mL of 1X PBS solution for
	proteomic analysis
	1mL of 1X PBS solution for
	DNA extraction
	1mL of RNA protect Cell
Eppendorf tube containing	Reagent
Check if collected	
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
\\\\^2O\'	
Did any freeze-thaw occur to the sample?	
	Yes
<u> </u>	Unknown
Comments regarding freeze-thaw	
Other comments	
Type	Tube A
	O
Draft 18.0 version 1.0 MIGPROD	348 of 444

Folder: 2 year Follow up- Biospecimen Collection

Form: Bronchial Airway Brushing Generated On: 09 Apr 2020 15:26:54

	Tube B
	Tube C
	Tube D
Eppendorf tube containing	1mL of RNA protect Cell
	Reagent
	1mL of 1X PBS solution for
	proteomic analysis
	1mL of 1X PBS solution for
	DNA extraction 1mL of RNA protect Cell
	Reagent
Check if collected	Reagent
Date and Time into Freezer	
remperature of Freezer	Fixed Unit: °C
Oid any freeze-thaw occur to the sample?	No
0	Yes
4	Unknown
0 0	Olikilowii
Comments regarding freeze-thaw	
Other comments	
Гуре	Tube A
	Tube B
	Tules C
	Tupe C.
	Tube C
SUNDI	Tube D
Eppendorf tube containing	Tube D  1mL of RNA protect Cell
	Tube D  1mL of RNA protect Cell Reagent
	1mL of RNA protect Cell Reagent 1mL of 1X PBS solution for
	1mL of RNA protect Cell Reagent 1mL of 1X PBS solution for proteomic analysis
Eppendorf tube containing	Tube D  1mL of RNA protect Cell Reagent  1mL of 1X PBS solution for proteomic analysis  1mL of 1X PBS solution for
	Tube D  ImL of RNA protect Cell Reagent  ImL of 1X PBS solution for proteomic analysis  ImL of 1X PBS solution for DNA extraction
	Tube D  ImL of RNA protect Cell Reagent  ImL of 1X PBS solution for proteomic analysis  ImL of 1X PBS solution for DNA extraction  ImL of RNA protect Cell
SIECOMMIC	Tube D  ImL of RNA protect Cell Reagent  ImL of 1X PBS solution for proteomic analysis  ImL of 1X PBS solution for DNA extraction
Eppendorf tube containing  Check if collected  Daje and Time into Freezer	Tube D  ImL of RNA protect Cell Reagent  ImL of 1X PBS solution for proteomic analysis  ImL of 1X PBS solution for DNA extraction  ImL of RNA protect Cell
Check if collected	Tube D  ImL of RNA protect Cell Reagent  ImL of 1X PBS solution for proteomic analysis  ImL of 1X PBS solution for DNA extraction  ImL of RNA protect Cell

Folder: 2 year Follow up- Biospecimen Collection

Form: Bronchial Airway Brushing Generated On: 09 Apr 2020 15:26:54

Did any freeze-thaw occur to the sample?	No
	Yes
	Unknown
Comments regarding freeze-thaw Other comments  Comments	——————————————————————————————————————
Other comments	
	1112
	$\sim$
	$\circ$
4	/.~
AV IPS	
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Folder: 2 year Follow up- Biospecimen Collection Form: Urine Collection (Midstream Clean Catch)

Generated On: 09 Apr 2020 15:26:54

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Was urine sample collected?	No
	Yes
	Unknown
Reason urine sample was not collected	Patient Refused
	Adverse Eyent
	Unknown
	Other, specify
Date of Urine Sample Collection	Fixed Unit: MMM dd yyyy
•	ري.
Was urine collection performed per protocol?	No
	Yes
4	Unknown
Primary reason urine collection was not performed per protocol	Urethral Area Not Cleaned
OR IK	Site error
	Storage not per protocol
	Unknown
	Other, specify
Were any adverse events that are considered possibly, probably, or	No
definetly related to the study-related biospectmen collection	Yes
procedures reported?	Unknown
Туре	Sterile Urine Collection
23.4	Container
	Cryovial
Check if collected	
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
2, 70	
Did any reeze-thaw occur to the sample?	No
< ` \ ` \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Yes
O`	Unknown
Comments regarding freeze-thaw	
Other comments	
Draft 18.0 version 1.0 MIGPROD	351 of 1/1

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Folder: 2 year Follow up- Biospecimen Collection Form: Urine Collection (Midstream Clean Catch)

Type	Sterile Urine Collection
	Container
	Cryovial
Check if collected	
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: C
Did any freeze-thaw occur to the sample?	No
	Yes
	Unknown
Comments regarding freeze-thaw	20
Other comments	1 /
Type	Sterile Urine Collection
-,1	Container
	Cryovial
Check if collected	<del>\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ </del>
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
65,0	
Did any freeze-thaw occur to the sample?	No
	Yes
	Unknown
Comments regarding freeze-thaw	
Other comments	
Type	Sterile Urine Collection
	Container
XX-0/A	Cryovial
Check if collected	
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
Did any freeze-thaw occur to the sample?	No No
-	Yes
	Unknown

Folder: 2 year Follow up- Biospecimen Collection Form: Urine Collection (Midstream Clean Catch)

Comments regarding freeze-thaw	
Other comments	
Type	Sterile Urine Collection Container Cryovial
Check if collected	
Date and Time into Freezer	
Temperature of Freezer	Rixed Unit: °C
Did any freeze-thaw occur to the sample?	No Yes Unknown
Comments regarding freeze-thaw	1
Other comments	0
Туре	Sterile Urine Collection Container Cryovial
Check if collected	
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
Did any freeze-thaw occur to the sample?	No Yes
Comments regarding freeze-thaw	Unknown
Other comments	
SPECO	
O'	

Folder: 2 year Follow up- Biospecimen Collection

Form: Nasal Brushing

Was nasal brushing performed?	No
	Yes
	Unknown
Was nasal brushing additional optional collected. (Optional nasal	No
collection is only for the three participating sites, Water Reed,	Yes
Boston University, and UCLA.	
Primary reason nasal brushing not performed	Patient Refused
	Adverse Event
	Missing Materials
	Site Error
	Unknown
4	Other, specify
Was nasal brushing performed per protocol?	No
	Yes
0/1/2	Unknown
Primary reason nasal brushing not done per protocol	Storage Not Per Protocol
0, 5	Missing Materials
SISP	Site Error
5,0	Unknown
	Other, specify
Date of Nasal Brushing	Fixed Unit: MMM dd yyyy
Were any adverse events that are considered possibly, probably, or	No
lefinetly related to the study related biospecimen collection	Yes
procedures reported?	Unknown
Туре	Tube with RNAprotect Cell
2, 70	Reagent Single cell analysis (Optional)
- OX	Nasal Single Cell Plate
X *	(Optional)
Check if collected	· · · · · · · · · · · · · · · · · · ·
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
Temperature of Freezer	Fixed Unit:

Folder: 2 year Follow up- Biospecimen Collection

Form: Nasal Brushing

Did any freeze-thaw occur to the sample?	No
	Yes
	Unknown
Comments regarding freeze-thaw	$\sim$
Other comments	
	The last DNA A STA
Туре	Tube with RNAprotect Cell Reagent
	Single cell analysis (Optional)
	Nasal Single Cell Plate
	(Optional)
Check if collected	
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
W,	
Did any freeze-thaw occur to the sample?	No
	Yes
20 20	Unknown
Comments regarding freeze-thaw	<u> </u>
Other comments Control of the control o	
Type	Tube with RNAprotect Cell
	Reagent
	Single cell analysis (Optional)
Type	Nasal Single Cell Plate
Check if collected	(Optional)
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: °C
remperature of Press i	Fixed Offit.
Did any freeze thaw occur to the sample?	No
	Yes
<b>~</b> '	Unknown
Comments regarding freeze-thaw	
Other comments	
Type	Tube with RNAprotect Cell
	Reagent
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Folder: 2 year Follow up- Biospecimen Collection

Form: Nasal Brushing

	Single cell analysis (Optional)
	Nasal Single Cell Plate
	(Optional)
Check if collected	
Date and Time into Freezer	
Temperature of Freezer	Fixed Unit: C
Did any freeze-thaw occur to the sample?	No Yes Unknown
Comments regarding freeze-thaw	
Other comments 4	. 🔾
Comments regarding freeze-thaw Other comments  Other comments	

Folder: 2 year Follow up- Biospecimen Collection

Form: Buccal Scraping

Was buccal scraping performed?	No
	Yes
	Unknown
Primary reason buccal scraping not performed	Patient Refused
	Adverse Event
	Unknown
	Other specify
Was buccal scraping performed per protocol?	No
	Yes
	Unknown
Primary reason buccal scraping was not performed per protocol	Missing Materials
7	Site error
AL PC	Unknown
0/1/4	Other, specify
Date of Buccal Scraping	Fixed Unit: MMM dd yyyy
0,5	
Were any adverse events that are considered possibly, probably, or	No
definetly related to the study-related biospecimen collection procedures reported?	Yes
procedures reported:	Unknown
Type	Microtube
60,00	Microtube with Scraper
Check if Collected	
Date and Time into Freezen	
Temperature of Freezen	Fixed Unit: °C
Did any freeze-thaw occur to the sample?	No
	Yes
	Unknown
Comments regarding freeze thaw	
Other comments	

Folder: 2 year Follow up- Biospecimen Collection

**Form: Sputum Samples** 

Generated On: 09 Apr 2020 15:26:54	
Was sputum sample collected by the patient and mailed to the copathology lab?	re
,	TT1
	Unkn
Primary reason not collected and/or mailed	Los
	Sputum kit not distributed
	Patient ref
	Other Pt related a
	Other, spe
Date Sputum Sample Mailed	
Were any adverse events that are considered possibly, probably,	
definetly related to the study-related biospecimen collection	
procedures reported?	Unkn
2 cO	
CUBNISSIONSO	
TE CHARLENDED FOR SON	
SITE COMMENDED FOR SON	
definetly related to the study-related biospecimen collection procedures reported?	
SITE ROMMENDED FOR SON	

Folder: 2 year Follow up- Biospecimen Collection Form: Urine Processing for Metabolomics Study

Was the urine processing for metabolomics study performed?	No
	Yes
	Unknown
If processing not done, provided primary reason	Participant Refused
	Site extor
	Missing or incomplete kit
	Contents
	Missing or incomplete material(s) or equipment
	Optional biospecimen
	Other, specify
Was the urine processing for metabolomics study performed per	No
protocol?	Yes
	Unknown
Primary Reason not performed per protocol	Urethral Area Not Cleaned
	Site error
	Storage not per protocol
	Prepared Urine specimen cups
65,0	not used Unknown
MISSIORSOL	Other, specify
Date Urine Processed at Ste	Fixed Unit: MMM dd yyyy
Were any adverse events that are considered possibly, probably, or	No
definetly related to the study related biospecimen collection	Yes
procedures reported?	Unknown
Total number of urine checks	
Typy	Sterile Conical Tube
- 02	Eppendorf Tube
Check if Collected	
Date and Time Into Freezer	
Freezer Temperature	Fixed Unit: °C

Folder: 2 year Follow up- Biospecimen Collection Form: Urine Processing for Metabolomics Study

Generated On: 09 Apr 2020 15:26:54

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Did any freeze-thaw occur to the sample?	No
,	Yes
	Unknown
Comments regarding freeze thaw	——————————————————————————————————————
Other comments	
	9. 7. 9. 1. 131
Туре	Sterile Conical Tube
	Eppendorf Tube
Check if Collected	
Date and Time Into Freezer	
Freezer Temperature	Fixed Unit: °C
Did any freeze-thaw occur to the sample?	No
,	Yes
4	Linkmann
	Unknown
Comments regarding freeze thaw	<u> </u>
Other comments	
Туре	Sterile Conical Tube
65.0	Eppendorf Tube
Check if Collected	
Date and Time Into Freezer	
	Fixed Unit: °C
Freezer Temperature	Fixed Offit. C
Did any freeze-thaw occur to the sample?	No
IK W.	Yes
W. all.	Unknown
Comments regarding freeze thaw	<u>U</u>
Other comments	
Type	Sterile Conical Tube
X	Eppendorf Tube
	Eppendon Tabe
Check if Collected	
Date and Time Into Freezer	
Freezer Temperature	Fixed Unit: °C
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Folder: 2 year Follow up- Biospecimen Collection Form: Urine Processing for Metabolomics Study

Did any freeze-thaw occur to the sample?	No
	Yes
	Unknown
Comments as souding facets them.	<u>_</u>
Comments regarding freeze thaw	
Other comments	
Type	Sterile Conical Tube
	Eppendorf Tube
Check if Collected	10,
Date and Time Into Freezer	
Freezer Temperature	Fixed Unit: °C
Did any freeze-thaw occur to the sample?	No
	Yes
	Unknown
Comments regarding freeze thaw	<del>V</del>
Other comments	
Туре	Sterile Conical Tube
65.0	Eppendorf Tube
Check if Collected	
Date and Time Into Freezer	
Freezer Temperature	Fixed Unit: °C
Did any freeze-thew occur to the sample?	No No
	Yes
K MI	Unknown
Comments regarding freeze thaw	
Other comments	
- 0	
*	
$\cup$	

Folder: 2 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

Kit Barcode	
Date Specimens Mailed	
Copy of Biospecimen Transmittal (8 pages total)	
Did all of the listed specimens go into the same freezer at the same date/time?	No Yes Unknown
Did any freeze thaw occur?	No O
Were all specimens stored at the same temp?	No Yes
Provide storage temp for all specimens	
If the Biospecimens collected have different storage temps recon	rd this in the provided comment box.
If the Biospecimens collected have different storage temps reconsidered by the Biospecimen Type	Blood Collection- Blood Plasma  Blood Collection- Serum  Blood Collection-PAXgene  Bronchial Airway Brushings- Brush A  Bronchial Airway Brushings- Brush B  Bronchial Airway Brushings- Brush C  Bronchial Biopsy Collection- RUL Fresh Frozen  Bronchial Biopsy Collection- RML Fresh Frozen  Bronchial Biopsy Collection- LUL Fresh Frozen  Buccal Epithelium Collection  Nasal Epithelium Collection Urine Collection  Bronchial Biopsy Collection- RUL Formalin Fixed  Bronchial Biopsy Collection- RUL Formalin Fixed  Bronchial Biopsy Collection- RML Formalin Fixed  Bronchial Biopsy Collection- RML Formalin Fixed  Bronchial Biopsy Collection- LUL Formalin Fixed

Folder: 2 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

Barcode Sequence #	7
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Barcode Sequence # Check if specimen NOT included  Check if freeze/thaw occurred	Blood Collection- Blood Plasma  Blood Collection- Serum  Blood Collection PAXgene  Bronchial Airway Brushings- Brush A  Bronchial Airway Brushings- Brush B  Bronchial Airway Brushings- Brush C  Bronchial Biopsy Collection- RUL Fresh Frozen  Bronchial Biopsy Collection- RML Fresh Frozen  Bronchial Biopsy Collection- LUL Fresh Frozen  Buccal Epithelium Collection  Vine Collection Bronchial Biopsy Collection- RUL Formalin Fixed Bronchial Biopsy Collection- RUL Formalin Fixed Bronchial Biopsy Collection- RML Formalin Fixed Bronchial Biopsy Collection- RML Formalin Fixed Bronchial Biopsy Collection- RML Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed Streck Collection
Comments	
Biospecimen Type	Blood Collection- Blood Plasma  Blood Collection- Serum  Blood Collection-PAXgene  Bronchial Airway Brushings-  Brush A

Folder: 2 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Bronchial Airway Brushings-
	Brush B
	Bronchial Airway Brushings-
	Brush C
	Bronchial Biopsy Collection-
	RUL Fresh Frozen
	Bronchial Biopsy Collection-
	RML Fresh Frozen
	Bronchial Biopsy Collection-
	LUL Fresh Frozen
	Buccal Epithelium Collection
	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection- RUL Formalin Fixed
	Bronchial Biopsy Collection-
	RML Formalin Fixed
	Bronchial Biopsy Collection-
	LUL Formalin Fixed
- P	Streck Collection
Barcode Sequence #	9
Check if specimen NOT included	·
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
Biospecimen Type	Blood Collection- Serum
2 2 12	Blood Collection-PAXgene
iki Mi	Bronchial Airway Brushings- Brush A
	Bronchial Airway Brushings-
	Brush B
	Bronchial Airway Brushings-( )
2.10	Bronchial Airway Brushings- Brush C
2	Brush C
- 24	, ,
- 1 PT	Brush C  Bronchial Biopsy Collection- RUL Fresh Frozen
JAK TO THE TOTAL T	Brush C  Bronchial Biopsy Collection—  RUL Fresh Frozen  Bronchial Biopsy Collection—
51 PEP	Brush C  Bronchial Biopsy Collection- RUL Fresh Frozen  Bronchial Biopsy Collection- RML Fresh Frozen
STREET	Brush C  Bronchial Biopsy Collection— RUL Fresh Frozen  Bronchial Biopsy Collection— RML Fresh Frozen  Bronchial Biopsy Collection—
STREET	Brush C  Bronchial Biopsy Collection- RUL Fresh Frozen  Bronchial Biopsy Collection- RML Fresh Frozen  Bronchial Biopsy Collection- LUL Fresh Frozen
STREET	Brush C  Bronchial Biopsy Collection— RUL Fresh Frozen  Bronchial Biopsy Collection— RML Fresh Frozen  Bronchial Biopsy Collection—

Folder: 2 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

		Nasal Epithelium Collection
RUL Formalin Fixed Bronchial Biopsy Collection RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Street Subscition LUL Formalin Fixed Barcode Sequence # 10  Check if specimen NOT included  Check if freeze/thaw occurred  Comments  Blood Collection- Blood Plasma Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection LUL Fresh Frozen Bronchial Biopsy Collection LUL Fresh Frozen Bronchial Biopsy Collection Nasal Epithelium Collection Nasal Epithelium Collection RUL Formalin Fixed Bronchial Biopsy Collection— RUL Formalin Fixed Bronchial Biopsy Collection— RUL Formalin Fixed Bronchial Biopsy Collection— LUL Formalin Fixed Streek Collection		Urine Collection
Bronchial Biopsy Collection RML Formalin Fied Bronchial Biopsy Collection LUL Formalin Fied Bronchial Biopsy Collection LUL Formalin Fied Bronchial Biopsy Collection LUL Formalin Fied Bronchial Biopsy Collection Blood Collection- Blood Plasma Blood Collection- PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection RUL Fresh Frozen Bronchial Biopsy Collection LUL Formalin Fixed Bronchial Biopsy Collection RUL Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Streck Collection		Bronchial Biopsy Collection-
RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Streck Allection LUL Formalin Fixed Bronchial Biopsy Collection-Blood Plasma Blood Collection- Blood Plasma Blood Collection- PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection LUL Fresh Frozen RUL Formalin Fixed Bronchial Biopsy Collection RUL Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Streck Collection		
Bronchial Biopsy Collection LUL Formation Fixed Streck Effection  Barcode Sequence # 10  Check if specimen NOT included  Check if freeze/thaw occurred  Comments  Biospecimen Type  Blood Collection- Blood Plasma Blood Collection- PaXgene Bronchial Airway Brushings- Brush A  Bronchial Airway Brushings- Brush B  Bronchial Biopsy Collection RUL Fresh Frozen Bronchial Biopsy Collection RML Fresh Frozen Bronchial Biopsy Collection RML Fresh Frozen Buccal Epithelium Collection Urine Collection RUL Formalin Fixed Bronchial Biopsy Collection RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Bronchial Biopsy Collection RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Streck Collection		· · · · · · · · · · · · · · · · · · ·
Barcode Sequence # 10 Check if specimen NOT included Check if freeze/thaw occurred Comments Biospecimen Type  Proof Collection- Blood Plasma Blood Collection- Serum Blood Collection- PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL, Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Buccal Epithelium Collection Nasal Epithelium Collection Urine Collection RUL Formalin Fixed Bronchial Biopsy Collection- RUL Formalin Fixed Bronchial Biopsy Collection- LUL Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Bronchial Biopsy Collection- RUL Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed Streck Collection		
Barcode Sequence # 10 Check if specimen NOT included Check if freeze/thaw occurred Comments Biospecimen Type  Blood Collection- Blood Plasma Blood Collection- PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- RML Formalin Fixed Bronchial Biopsy Collection- RML Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed Streck Collection		
Barcode Sequence # 10 Check if specimen NOT included Check if freeze/thaw occurred Comments  Biospecimen Type  Blood Collection- Blood Plasma Blood Collection- PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Buccal Epithelium Collection Urine Collection RML Formalin Fixed Bronchial Biopsy Collection- RML Formalin Fixed Bronchial Biopsy Collection- RML Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed Streck Collection		
Check if specimen NOT included Check if freeze/thaw occurred Comments  Biospecimen Type  Blood Collection- Blood Plasma Blood Collection- PAXgene Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush B Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Buccal Epithelium Collection Nasal Epithelium Collection RUL Formalin Fixed Bronchial Biopsy Collection- RUL Formalin Fixed	D 1.0 "	
Comments  Biospecimen Type  Blood Collection- Blood Plasma Blood Collection- PAXgene Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Buccal Epithelium Collection Nasal Epithelium Collection RUL Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed Streck Collection		10
Biospecimen Type  Biood Collection- Blood Plasma Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Buccal Epithelium Collection Nasal Epithelium Collection Bronchial Biopsy Collection- RML Formalin Fixed Bronchial Biopsy Collection- LUL Formalin Fixed Streck Collection	-	
Biospecimen Type    Mood Collection- Blood Plasma	Check if freeze/thaw occurred	
Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Buccal Epithelium Collection Nasal Epithelium Collection Urine Collection RUL Formalin Fixed Bronchial Biopsy Collection- RUL Formalin Fixed	Comments	
RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Streck Collection	Biospecimen Type	Blood Collection- Blood Plasma
RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Streck Collection		Blood Collection- Serum
RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Streck Collection		Blood Collection-PAXgene
RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Streck Collection		Bronchial Airway Brushings-
RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Streck Collection		Brush A
RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Streck Collection		Bronchial Airway Brushings-
RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Streck Collection	65.0	Bronchial Airway Brushings-
RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Streck Collection		Brush C
RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Streck Collection		Bronchial Biopsy Collection-
RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Streck Collection		RUL Fresh Frozen
RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Streck Collection		Bronchial Biopsy Collection-
RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Streck Collection	2 7	RIVIL FIESH FIOZEH
RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Streck Collection		LUL Fresh Frozen
RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Streck Collection	is a second	Buccal Epithelium Collection
RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Streck Collection		Nasal Epithelium Collection
RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Streck Collection	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Urine Collection
RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Streck Collection	8,0	Bronchial Biopsy Collection-
RML Formalin Fixed Bronchial Biopsy Collection LUL Formalin Fixed Streck Collection		RUL Formalin Fixed
Bronchial Biopsy Collection- LUL Formalin Fixed Streck Collection	· · ·	
LUL Formalin Fixed Streck Collection	<b>^</b> '	
Streck Collection		
<u>U</u>		
		Succe Confection

Folder: 2 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

Check if specimen <b>NOT</b> included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Blood Collection-PAXgene
	Bronchial Airway Brushings-
	Bronchial Airway Brushings-
	Brush B
	Bronchial Airway Brushings- Brush C
	Bronchial Biopsy Collection-
	RUL Fresh Frozen  Bronchial Biopsy Collection-
	RML Fresh Frozen
	Bronchial Biopsy Collection-
, C	LUL Fresh Frozen
	Buccal Epithelium Collection
	Nasal Epithelium Collection
(S) (N)	Urine Collection
	Bronchial Biopsy Collection- RUL Formalin Fixed
	Bronchial Biopsy Collection-
	RML Formalin Fixed
	Bronchial Biopsy Collection-
00	LUL Formalin Fixed  Streck Collection
	Sheek concension
Barcode Sequence # Check if specimen Not included	
Check it specified to a flictuded	
Check if freeze/haw occurred Comments	
<del></del>	
Biospectmen Type	Blood Collection- Blood Plasma
~ `	Blood Collection- Serum
O '	Blood Collection-PAXgene
	Bronchial Airway Brushings- Brush A
	Bronchial Airway Brushings- Brush B

Folder: 2 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Bronchial Airway Brushings-
	Brush C
	Bronchial Biopsy Collection- RUL Fresh Frozen
	Bronchial Biopsy Collection-
	RML Fresh Frozen
	Bronchial Biopsy Collection-
	LUL Fresh Frozen
	Buccal Epithelium Collection
	Nasal Epithelium Collection
	Urine Collection
	Bronchia Biopsy Collection-
	RUL Formalin Fixed
	Bronchial Biopsy Collection-
	RML Formalin Fixed
	Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	19
Check if specimen NOT included	
Check if freeze/thaw occurred	<u> </u>
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Diood Concetion- Scrum
	Blood Collection-PAXgene
SUPPER	
SUMPER	Blood Collection-PAXgene
28 KNDEL	Blood Collection-PAXgene Bronchial Airway Brushings-
RBMENDER	Blood Collection-PAXgene Bronchial Airway Brushings- Brush A
E REMIENDE	Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings-
TE OMNENDEL	Blood Collection-PAXgene Bronchial Airway Brushings- Brush A  Bronchial Airway Brushings- Brush B  Bronchial Airway Brushings- Brush C
CITE COMMENDE	Blood Collection-PAXgene Bronchial Airway Brushings- Brush A  Bronchial Airway Brushings- Brush B  Bronchial Airway Brushings- Brush C  Bronchial Biopsy Collection-
SITE COMMENDER	Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen
Biospecimen Type	Blood Collection-PAXgene Bronchial Airway Brushings- Brush A  Bronchial Airway Brushings- Brush B  Bronchial Airway Brushings- Brush C  Bronchial Biopsy Collection- RUL Fresh Frozen  Bronchial Biopsy Collection-
SITE COMMENDE	Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen
SITE COMMENDE	Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection-
SITE ROMMENDE	Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen LUL Fresh Frozen
STERONNENDER	Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen Buccal Epithelium Collection
STERBINENDER	Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen Bronchial Biopsy Collection- LUL Fresh Frozen LUL Fresh Frozen

Folder: 2 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	D 1:1D: C 11 1: C
	Bronchial Biopsy Collection- RUL Formalin Fixed
	Bronchial Biopsy Collection-
	RML Formalin Fixed
	Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	20
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Bood Collection- Serum
	Blood Collection-PAXgene
STERBINE ONNE NO ED FOR	Bronchial Airway Brushings- Brush A
	Bronchial Airway Brushings- Brush B
,07	Bronchial Airway Brushings- Brush C
S	Bronchial Biopsy Collection-
· 6, 70,	RUL Fresh Frozen
	Bronchial Biopsy Collection-
	RML Fresh Frozen
(A)	Bronchial Biopsy Collection-
	LUL Fresh Frozen
27	Buccal Epithelium Collection
	Nasal Epithelium Collection
Ry W	Urine Collection
	Bronchial Biopsy Collection-
VA O	RUL Formalin Fixed
	Bronchial Biopsy Collection-
200	RML Formalin Fixed
- 02	Bronchial Biopsy Collection-
X X	Lot I officially I fact
<u>``</u>	Streck Collection
Barcode Sequence #	21
Check if specimen NOT included	
Check if freeze/thaw occurred	

Folder: 2 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Blood Collection-PAXgene
	Bronchial Airway Brushings- Brush A
	Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings- Brush C
	Bronchia Biopsy Collection- RUL Fresh Frozen
	Bronchial Biopsy Collection- RML Fresh Frozen
Barcode Sequence # 2 ~ N	Bronchial Biopsy Collection- LUL Fresh Frozen
	Buccal Epithelium Collection
, (	Nasal Epithelium Collection
4	Urine Collection
<b>,</b> O`,	Bronchial Biopsy Collection-
S	RUL Formalin Fixed
5,0	Bronchial Biopsy Collection- RML Formalin Fixed
	Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	25
Check if specimen NOT included	
Check if freeze thaw occurred	
Comments	
<del>-                                    </del>	
Biorpedimen Type	Blood Collection- Blood Plasma
2.00	Blood Collection- Serum
- 02	Blood Collection-PAXgene
<' '	Bronchial Airway Brushings- Brush A
	Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings- Brush C

Folder: 2 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Bronchial Biopsy Collection-
	RUL Fresh Frozen
	Bronchial Biopsy Collection-
	RML Fresh Frozen
	Bronchial Biopsy Collection-
	LUL Fresh Frozen
	Buccal Epithelium Collection
	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection-
	RUL Formalin Fixed
	Bronchial Biopsy Collection-
	RML Formalin Fixed
	Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	26
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	5
Biospecimen Type	Blood Collection- Blood Plasma
Biospecifici Type	
115360	Blood Collection- Serum
all Sto.	
BMEDFO	Blood Collection- Serum  Blood Collection-PAXgene  Bronchial Airway Brushings-
CUBMISO FO	Blood Collection- Serum  Blood Collection-PAXgene  Bronchial Airway Brushings-  Brush A
SUBMISORO	Blood Collection- Serum  Blood Collection-PAXgene  Bronchial Airway Brushings-  Brush A  Bronchial Airway Brushings-
OB NEWDED FOR	Blood Collection- Serum  Blood Collection-PAXgene  Bronchial Airway Brushings-  Brush A  Bronchial Airway Brushings-  Brush B
IRB WENDED	Blood Collection- Serum  Blood Collection-PAXgene  Bronchial Airway Brushings-  Brush A  Bronchial Airway Brushings-
E RAMENDED FOR	Blood Collection- Serum  Blood Collection-PAXgene  Bronchial Airway Brushings-  Brush A  Bronchial Airway Brushings-  Brush B  Bronchial Airway Brushings-
TE PRINTENDED FOR	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C
CITE COMMENDED FOR	Blood Collection- Serum  Blood Collection-PAXgene  Bronchial Airway Brushings- Brush A  Bronchial Airway Brushings- Brush B  Bronchial Airway Brushings- Brush C  Bronchial Biopsy Collection-
SITE COMMENDED FOR	Blood Collection- Serum  Blood Collection-PAXgene  Bronchial Airway Brushings- Brush A  Bronchial Airway Brushings- Brush B  Bronchial Airway Brushings- Brush C  Bronchial Biopsy Collection- RUL Fresh Frozen  Bronchial Biopsy Collection- RML Fresh Frozen
Biospecimen Type  Silk Committee  Silk Committ	Blood Collection- Serum  Blood Collection-PAXgene  Bronchial Airway Brushings- Brush A  Bronchial Airway Brushings- Brush B  Bronchial Airway Brushings- Brush C  Bronchial Biopsy Collection- RUL Fresh Frozen  Bronchial Biopsy Collection- RML Fresh Frozen  Bronchial Biopsy Collection-
SITE COMMENDED FOR	Blood Collection- Serum  Blood Collection-PAXgene  Bronchial Airway Brushings- Brush A  Bronchial Airway Brushings- Brush B  Bronchial Airway Brushings- Brush C  Bronchial Biopsy Collection- RUL Fresh Frozen  Bronchial Biopsy Collection- RML Fresh Frozen  Bronchial Biopsy Collection- LUL Fresh Frozen
SITE COMMENDED FOR	Blood Collection- Serum  Blood Collection-PAXgene  Bronchial Airway Brushings- Brush A  Bronchial Airway Brushings- Brush B  Bronchial Airway Brushings- Brush C  Bronchial Biopsy Collection- RUL Fresh Frozen  Bronchial Biopsy Collection- RML Fresh Frozen  Bronchial Biopsy Collection-
SITE ROMMENDED FOR	Blood Collection- Serum  Blood Collection-PAXgene  Bronchial Airway Brushings- Brush A  Bronchial Airway Brushings- Brush B  Bronchial Airway Brushings- Brush C  Bronchial Biopsy Collection- RUL Fresh Frozen  Bronchial Biopsy Collection- RML Fresh Frozen  Bronchial Biopsy Collection- LUL Fresh Frozen
SITE COMMENDED FOR	Blood Collection- Serum  Blood Collection-PAXgene  Bronchial Airway Brushings- Brush A  Bronchial Airway Brushings- Brush B  Bronchial Airway Brushings- Brush C  Bronchial Biopsy Collection- RUL Fresh Frozen  Bronchial Biopsy Collection- RML Fresh Frozen  Bronchial Biopsy Collection- LUL Fresh Frozen  Buccal Epithelium Collection
SITE COMMENDED FOR	Blood Collection- Serum  Blood Collection-PAXgene  Bronchial Airway Brushings- Brush A  Bronchial Airway Brushings- Brush B  Bronchial Airway Brushings- Brush C  Bronchial Biopsy Collection- RUL Fresh Frozen  Bronchial Biopsy Collection- RML Fresh Frozen  Bronchial Biopsy Collection- LUL Fresh Frozen  Buccal Epithelium Collection Nasal Epithelium Collection

Folder: 2 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Bronchial Biopsy Collection-
	RML Formalin Fixed
	Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	Z8
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection - Blood Plasma
	Blood Collection- Serum
	Blood Collection-PAXgene
	Bronchial Airway Brushings-
	Brush A
	Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings-
4	Brush C
	Bronchial Biopsy Collection-
	RUL Fresh Frozen
65.0	Bronchial Biopsy Collection- RML Fresh Frozen
	Bronchial Biopsy Collection-
	LUL Fresh Frozen
(Ø, C)	Buccal Epithelium Collection
Bacode Sequence #	Nasal Epithelium Collection
000	Urine Collection
000	Bronchial Biopsy Collection-
11 11/4	RUL Formalin Fixed
XX ON.	Bronchial Biopsy Collection- RML Formalin Fixed
	Bronchial Biopsy Collection-
2,10	LUL Formalin Fixed
- 02	Streck Collection
Barcode Sequence #	29
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	

Folder: 2 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Blood Collection-PAXgene
	Bronchial Airway Brushings-
	Brush A  Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings- Brush C
	Bronchial Biopsy Collection- RCL Fresh Frozen
	Bronchia Biopsy Collection- RML Fresh Frozen
	Bronchial Biopsy Collection-
BMSPOR	Buccal Epithelium Collection
	Nasal Epithelium Collection
, (	Urine Collection
42	Bronchial Biopsy Collection-
<b>'</b> O' <b>'</b>	RUL Formalin Fixed  Bronchial Biopsy Collection-
S	RML Formalin Fixed
5,0	Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	30
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
100	Blood Collection- Serum
5, 70	Blood Collection-PAXgene
- TREE	Bronchial Airway Brushings- Brush A
	Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings- Brush C
	Bronchial Biopsy Collection- RUL Fresh Frozen

Folder: 2 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Bronchial Biopsy Collection-
	RML Fresh Frozen
	Bronchial Biopsy Collection-
	LUL Fresh Frozen
	Buccal Epithelium Collection
	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection-
	RUL Formalin Fixed
	Bronchial Biopsy Collection-
	RML Formalin Fixed  Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	31
Check if specimen NOT included	31
Check if freeze/thaw occurred	
	<u> </u>
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
Biospecimen Type  SILL COMMITTEE  SILL COMMITT	Blood Collection-PAXgene
	Bronchial Airway Brushings-
	Brush A
	Bronchial Airway Brushings- Brush B
50 (0)	Bronchial Airway Brushings-
0	Brush C
.0~	Bronchial Biopsy Collection-
11 1/4.	RUL Fresh Frozen
	Bronchial Biopsy Collection- RML Fresh Frozen
	Bronchial Biopsy Collection-
2,10	LUL Fresh Frozen
	Buccal Epithelium Collection
	Nasal Epithelium Collection
O'	Urine Collection
	Bronchial Biopsy Collection-
	RUL Formalin Fixed
	Bronchial Biopsy Collection-
	RML Formalin Fixed

Folder: 2 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	50
Check if specimen NOT included	<u> </u>
Check if freeze/thaw occurred	77.
Comments	14
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Blood Collection-PAXgene
	Bronchial Airway Brushings-
	Brush A
	Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings-
	Brush C
Barcode Sequence #	Bronchial Biopsy Collection- RUL Fresh Frozen
	Bronchial Biopsy Collection-
	RML Fresh Frozen
5,0%	Bronchial Biopsy Collection-
112	LUL Fresh Frozen  Buccal Epithelium Collection
	Nasal Epithelium Collection
(b), (\)	Nasai Epithenum Conection
	Urine Collection
22/4	Bronchial Biopsy Collection- RUL Formalin Fixed
	Bronchial Biopsy Collection-
IK WILL	RML Formalin Fixed
	Bronchial Biopsy Collection-
_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	LUL Formalin Fixed
6,0	Streck Collection
Barcode Sequence #	61
Check's specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum

Folder: 2 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Blood Collection-PAXgene
	Bronchial Airway Brushings-
	Brush A  Bronchial Airway Brushings-
	Brush B
	Bronchial Airway Brushings- Brush C
	Bronchial Biopsy Collection- RUL Fresh Frozen
	Bronchial Biopry Collection- RMD Fresh Frozen
	Bronchial Biopsy Collection-
	EUL Fresh Frozen  Buccal Epithelium Collection
4	Nasal Epithelium Collection
ON SOL	Urine Collection
	Bronchial Biopsy Collection- RUL Formalin Fixed
,0 %	Bronchial Biopsy Collection-
02 40	RML Formalin Fixed
0,0	Bronchial Biopsy Collection-
S	LUL Formalin Fixed  Streck Collection
	Streck Conection
Barcode Sequence #	62
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
Krank	Blood Collection- Serum
K ON	Blood Collection-PAXgene
	Bronchial Airway Brushings-Brush A
	Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings- Brush C
O	Bronchial Biopsy Collection-
-	RUL Fresh Frozen  Bronchial Biopsy Collection-

Folder: 2 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Bronchial Biopsy Collection-
	LUL Fresh Frozen
	Buccal Epithelium Collection
	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection- RUL Formalin Fixed
	Bronchial Biopsy Collection-
	RML Formalm Fixed
	Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	68
Check if specimen NOT included	1 4
Check if freeze/thaw occurred	
Comments	7,00
Biospecimen Type	Blood Collection- Blood Plasma
4	Blood Collection- Serum
,0,	Blood Collection-PAXgene
SIST	Bronchial Airway Brushings-
5,0	Brush A
Biospecimen Type  SIZE COMMIENTED FOR COMMISSION COMPANISSION	Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings-
	Brush C
5-70	Bronchial Biopsy Collection-
8	RUL Fresh Frozen
Profile	Bronchial Biopsy Collection- RML Fresh Frozen
	Bronchial Biopsy Collection-
	LUL Fresh Frozen
	Buccal Epithelium Collection
200	Nasal Epithelium Collection
- Q-v	Urine Collection
	Bronchial Biopsy Collection- RUL Formalin Fixed
	Bronchial Biopsy Collection-
-	RML Formalin Fixed
	Bronchial Biopsy Collection- LUL Formalin Fixed

Folder: 2 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Streck Collection
Barcode Sequence #	70
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection Serum
	Blood Collection PAXgene
	Bronchial Anway Brushings-
	Brush A
	Bronchial Airway Brushings- Brush B
-1	Bronchial Airway Brushings-
	Brush C
	Bronchial Biopsy Collection- RUL Fresh Frozen
0'	Bronchial Biopsy Collection-
200	RML Fresh Frozen
,0,5	Bronchial Biopsy Collection- LUL Fresh Frozen
SISP	Buccal Epithelium Collection
Bareode Sequence #	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection-
	RUL Formalin Fixed
2 2 1/2	Bronchial Biopsy Collection- RML Formalin Fixed
	Bronchial Biopsy Collection-
IK WILL	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	72
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Bigspecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Blood Collection-PAXgene

Folder: 2 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Bronchial Airway Brushings-
	Brush A
	Bronchial Airway Brushings-
	Brush B
	Bronchial Airway Brushings-
	Brush C
	Bronchial Biopsy Collection-
	RUL Fresh Frozen
	Bronchial Biopsy Collection-
	RMI. Fresh Frozen
	Bronchial Biopsy Collection-
	LOU Fresh Frozen
	Buccal Epithelium Collection
	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection-
	Bronchial Biopsy Collection- RUL Formalin Fixed Bronchial Biopsy Collection- RML Formalin Fixed Bronchial Biopsy Collection-
	Bronchial Biopsy Collection-
·	RML Formalin Fixed
	Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
<u> </u>	Success Concession
Barcode Sequence #	51
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
8	Blood Collection- Serum
SITE COMME	Blood Collection-PAXgene
	Bronchial Airway Brushings-
XX OW.	Brush A
	Bronchial Airway Brushings-
2, 70	Brush B
Y	Bronchial Airway Brushings-
	Brush C
	Bronchial Biopsy Collection-
	RUL Fresh Frozen
	Bronchial Biopsy Collection-
	RML Fresh Frozen
	Bronchial Biopsy Collection-
	LUL Fresh Frozen

Folder: 2 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Buccal Epithelium Collection
	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection-
	RUL Formalin Fixed
	Bronchial Biopsy Collection-
	RML Formalin Fixed  Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	54
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	7 4
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Blood Collection-PAXgene
	Bronchial Airway Brushings-
	Brush A
(2)	Bronchial Airway Brushings-
	Brush B — Bronchial Airway Brushings-
	Brush C
	Bronchial Biopsy Collection-
	RUL Fresh Frozen
22/4	Bronchial Biopsy Collection- RML Fresh Frozen
	Bronchial Biopsy Collection-
The "Mills	LUL Fresh Frozen
il all	Buccal Epithelium Collection
1/\sigma_0'	Nasal Epithelium Collection
5 10	Urine Collection
Biospecimen Type  Siospecimen Type  Siospecimen Type	Bronchial Biopsy Collection-
X *	
7	Bronchial Biopsy Collection- RML Formalin Fixed
	Bronchial Biopsy Collection-
	LUL Formalin Fixed
	Streck Collection

Folder: 2 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

Barcode Sequence #	55
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Barcode Sequence #	Blood Collection- Blood Plasma  Blood Collection- Serum  Blood Collection- PAXgene  Bronchial Airway Brushings-  Brush A  Bronchial Airway Brushings-  Brush B  Bronchial Airway Brushings-  Brush C  Bronchial Biopsy Collection-  RUL Fresh Frozen  Bronchial Biopsy Collection-  RML Fresh Frozen  Bronchial Biopsy Collection-  LUL Fresh Frozen  Buccal Epithelium Collection  Virine Collection  Bronchial Biopsy Collection-  RUL Formalin Fixed  Bronchial Biopsy Collection-  RUL Formalin Fixed  Bronchial Biopsy Collection-  RML Formalin Fixed  Bronchial Biopsy Collection-  RML Formalin Fixed  Bronchial Biopsy Collection-  LUL Formalin Fixed  Bronchial Biopsy Collection-  LUL Formalin Fixed  Bronchial Biopsy Collection-  LUL Formalin Fixed  Streck Collection
	34
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
0`	Blood Collection- Serum
	Blood Collection-PAXgene
	Bronchial Airway Brushings- Brush A

Folder: 2 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Bronchial Airway Brushings-
	Brush B
	Bronchial Airway Brushings-
	Brush C
	Bronchial Biopsy Collection-
	RUL Fresh Frozen
	Bronchial Biopsy Collection-
	RML Fresh Frozen
	Bronchial Biopsy Collection-
	LUL Fresh Frozen
	Buccal Epithelium Collection
	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection-
	RUL Formalin Fixed
	Bronchial Biopsy Collection-
4	RML Formalin Fixed
	Bronchial Biopsy Collection-
$\mathcal{O}_{\mathcal{I}}$	LUL Formalin Fixed
12 6	Streck Collection
Danie de Carmanae #	25
Barcode Sequence #	35
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Comments	
	Blood Collection- Blood Plasma
	Blood Collection- Blood Plasma Blood Collection- Serum
	Blood Collection- Serum Blood Collection-PAXgene
	Blood Collection- Serum
	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A
	Blood Collection- Serum  Blood Collection-PAXgene  Bronchial Airway Brushings-  Brush A  Bronchial Airway Brushings-
	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B
	Blood Collection- Serum  Blood Collection-PAXgene  Bronchial Airway Brushings-  Brush A  Bronchial Airway Brushings-
Biospecimen Type	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C
Biospecimen Type	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings-
Biospecimen Type	Blood Collection- Serum  Blood Collection-PAXgene  Bronchial Airway Brushings- Brush A  Bronchial Airway Brushings- Brush B  Bronchial Airway Brushings- Brush C  Bronchial Biopsy Collection-
Biospecimen Type	Blood Collection- Serum  Blood Collection-PAXgene  Bronchial Airway Brushings- Brush A  Bronchial Airway Brushings- Brush B  Bronchial Airway Brushings- Brush C  Bronchial Biopsy Collection- RUL Fresh Frozen
Biospecimen Type	Blood Collection- Serum  Blood Collection-PAXgene  Bronchial Airway Brushings- Brush A  Bronchial Airway Brushings- Brush B  Bronchial Airway Brushings- Brush C  Bronchial Biopsy Collection- RUL Fresh Frozen  Bronchial Biopsy Collection-
Biospecimen Type	Blood Collection- Serum Blood Collection-PAXgene Bronchial Airway Brushings- Brush A Bronchial Airway Brushings- Brush B Bronchial Airway Brushings- Brush C Bronchial Biopsy Collection- RUL Fresh Frozen Bronchial Biopsy Collection- RML Fresh Frozen
	Blood Collection- Serum  Blood Collection-PAXgene  Bronchial Airway Brushings- Brush A  Bronchial Airway Brushings- Brush B  Bronchial Airway Brushings- Brush C  Bronchial Biopsy Collection- RUL Fresh Frozen  Bronchial Biopsy Collection- RML Fresh Frozen  Bronchial Biopsy Collection-

Folder: 2 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection-
	RUL Formalin Fixed
	Bronchial Biopsy Collection
	RML Formalin Fixed
	Bronchial Biopsy Collection- LUL Formatin Fixed
	Streck Collection
Barcode Sequence #	36
Check if specimen NOT included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Blood Collection-PAXgene
	Bronchial Airway Brushings-
	Brush A
	Bronchial Airway Brushings-
2° 0'	Brush B
Biospecimen Type  Size Commission	Bronchial Airway Brushings- Brush C
	Bronchial Biopsy Collection-
	RUL Fresh Frozen
	Bronchial Biopsy Collection-
	RML Fresh Frozen
8 4	Bronchial Biopsy Collection- LUL Fresh Frozen
.027	Buccal Epithelium Collection
II MA	Nasal Epithelium Collection
XX ON.	Wasai Epithenum Conection
	Urine Collection
2.10	Bronchial Biopsy Collection-
- 02	RUL Formalin Fixed  Bronchial Biopsy Collection-
X \	RML Formalin Fixed
)	Bronchial Biopsy Collection-
$\mathcal{J}$	LUL Formalin Fixed
•	Streck Collection
Barcode Sequence #	37

Folder: 2 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

Check if specimen <b>NOT</b> included	
Check if freeze/thaw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Blood Collection-PAXsene
	Bronchial Airway Brushings-
	Brush A
	Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings-
	Brush C
	Bronchial Biopsy Collection- RUL Fresh Frozen
	Bronchial Biopsy Collection-
	RML Fresh Frozen
	Bronchial Biopsy Collection- LUL Fresh Frozen
4	Buccal Epithelium Collection
	Nasal Epithelium Collection
Barcode Sequence #	Urine Collection
· 65,0	Bronchial Biopsy Collection-
	RUL Formalin Fixed
(C) 1/Q.	Bronchial Biopsy Collection- RML Formalin Fixed
	Bronchial Biopsy Collection-
5 11	LUL Formalin Fixed
8	Streck Collection
Barcode Sequence #	38
Check if specimen NO Vincluded	
Check if freeze/haw occurred	
Comments	
Biospecimen Type	Blood Collection- Blood Plasma
X ~	Blood Collection- Serum
)'	Blood Collection-PAXgene
	Bronchial Airway Brushings-
	Brush A
	Bronchial Airway Brushings- Brush B
	<b>Z</b>

Folder: 2 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal-Required v2

Generated On: 09 Apr 2020 15:26:54	
	Bronchial Airway Brushing Brush
	Bronchial Biopsy Collection RUL Fresh Froze
	Bronchial Biopsy Collection RML Fresh Frozg
	Bronchial Biopsy Collection
	LUL Fresh Froze Buccal Epithelium Collection
	Nasal Epithelium Collection
	Urine Collection
	Bronchia Biopsy Collection RUL Formalin Fixe
	Bronchial Biopsy Collection RML Formalin Fixe
	Bronchial Biopsy Collection LUL Formalin Fixe
1	Streck Collection
Barcode Sequence #	
Check if specimen NOT included	
Check if freeze/thaw occurred	2
Comments	
BULEDE	
SUL	
26	
" II MA.	
YKON	
SILCON	
Comments	
SITECON	
SITECON	

Folder: 2 year Follow up- Biospecimen Collection

Form: Biospecimen Transmittal- Required- Bronchial Biopsy Formalin Fixed

Kit Barcode	
Date Specimens Mailed	
Copy of Biospecimen Transmittal- Bronchial Biopsy Formal	in Fixed
Biospecimen Sample	Blood Collection- Blood Plasma
	Blood Collection- Serum
	Blood Collection-PAXgene
	Bronchial Airway Brushings- Brush A
	Bronchial Airway Brushings- Brush B
	Bronchial Airway Brushings- Brush C
	Bronchial Biopsy Collection- RUL Fresh Frozen
Barcode Sequence #	Bronchial Biopsy Collection- RML Fresh Frozen
	Bronchial Biopsy Collection- LUL Fresh Frozen
25	Buccal Epithelium Collection
0,2	Nasal Epithelium Collection
SIN	Urine Collection
	Bronchial Biopsy Collection-
	RUL Formalin Fixed
	Bronchial Biopsy Collection- RML Formalin Fixed
	Bronchial Biopsy Collection-
5 11	LUL Formalin Fixed
8 4	Streck Collection
Barcode Sequence #	67
Check if Specimen included	
Storage Temp	Fixed Unit: °C
5,0	
Did any freeze/thaw occur?	No
*	Yes
Ó`	Unknown
If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	
Droft 18 0 version 1.0 MICPPOD	

Folder: 2 year Follow up- Biospecimen Collection

Form: Biospecimen Transmittal- Required- Bronchial Biopsy Formalin Fixed

Biospecimen Sample	Blood Collection- Blood Plasma
Biospecinici Gampie	Blood Collection- Serum
	$\cup$
	Blood Collection-PAXgene
	Bronchial Airway Brushings- Brush
	Bronchial Airway Brushings-
	Brush B
	Bronchial Airway Brushings- Brush C
	Bronchial Biopsy Collection- RCU Fresh Frozen
	Bronchial Biopsy Collection- RML Fresh Frozen
	Bronchial Biopsy Collection-
	Buccal Epithelium Collection
7	Nasal Epithelium Collection
. 0	Urine Collection
4	Bronchial Biopsy Collection-
,0,	RUL Formalin Fixed
SIS	Bronchial Biopsy Collection- RML Formalin Fixed
,6°,0°	Bronchial Biopsy Collection-
	LUL Formalin Fixed
BMISSION	Streck Collection
Barcode Sequence #	69
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/thaw occur?	No No
XV OV	Yes
51,0	Unknown
If yes o reeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Sample	Blood Collection- Blood Plasma
	Blood Collection- Serum
	$\cup$

Folder: 2 year Follow up- Biospecimen Collection

Form: Biospecimen Transmittal- Required- Bronchial Biopsy Formalin Fixed

	Blood Collection-PAXgene
	Bronchial Airway Brushings- Brush A
	Bronchial Airway Brushings-
	Brush B
	Bronchial Airway Brushings- Brush C
	Bronchial Biopsy Collection- RUL Fresh Frozen
	Bronchial Biopsy Collection- RML Fresh Frozen
	Bronchial Biopsy Collection- LUL Fresh Frozen
	_ (_)
cslop csl	Nasal Epithelium Collection
	Urine Collection
	Bronchial Biopsy Collection-
, 0' ~	RUL Formalin Fixed  Bronchial Biopsy Collection-
~ C	RML Formalin Fixed
10,22	Bronchial Biopsy Collection-
S	LUL Formalin Fixed
	Streck Collection
Barcode Sequence #	71
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/thaw occur?	No No
Profit	Yes
K ON	Unknown
If yes to freeze/thaw- Total # of Times	
If ye to freeze/thaw- length of each time	
Comments	
<u> </u>	
0,	

Folder: 2 year Follow up- Biospecimen Collection

Were optional biospecimens sent to the core lab?	No
	Yes
	Unknown
If no optional biospecimens were sent to the core lab, leave	e the table blank.
	X P
	41.
If optional specimens were sent, at least one row of the table	le must be checked as sent.
Date optional biospecimens sent to core lab	
Biospecimen Type	Blood Collection- Buffy Coat
	Blood Collection- PBMC
	Brouchial Airway Brushings
	Collection- Tube D
4	Urine Processing for Metabolomics Study
Barcode Sequence #	13
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
SIST	
Did any freeze/that occur?	No
	Yes
812	Unknown
If yes to freeze/thaw-Total # of Times	
If yes to freeze/tha y- length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
	Blood Collection- PBMC
	Bronchial Airway Brushings
2.00	Collection- Tube D
- 27	Urine Processing for
Dual Samuel	Metabolomics Study
Barcode Sequence # Check if Specimen Included	14
Storage Temp	Fixed Unit: °C
Storage Temp	rixed Unit: C

Folder: 2 year Follow up- Biospecimen Collection

Did any freeze/that occur?	No
	Yes
	Unknown
If yes to freeze/thaw- Total # of Times	$\overline{}$
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Type	Blood Collection-Buffy Coat
	Blood Collection- PBMC
	Bronchial Airway Brushings
	Collection- Tube D
	rine Processing for
D 1.0	Metabolomics Study
Barcode Sequence #	15
Check if Specimen Included	Fig. 111:4. °C
Storage Temp	Fixed Unit: °C
Did any freeze/that occur?	No No
Did any necessitian occur:	Yes
SIS	$\cup$
	Unknown
If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
	Blood Collection- PBMC
ie in the	Bronchial Airway Brushings
	Collection- Tube D
	Urine Processing for Metabolomics Study
Barcode Sequence #	16
Check in Specimen Included	10
Storage Temp	Fixed Unit: °C
	2.000 2.000
Did any freeze/that occur?	No O
	Yes
	Unknown
	<u>U</u>

Folder: 2 year Follow up- Biospecimen Collection

Form: Biospecimen Transmittal- Optional Generated On: 09 Apr 2020 15:26:54

10FEB2020 (914)

If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
	Blood Collection- PBMC
	Bronchial Airway Brushings
	Collection- Tube D
	Urine Processing for
Barcode Sequence #	Metabolomics Study  17
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Storage Temp	Trace office C
Did any freeze/that occur?	No
W.	Yes
, 0'	Unknown
If yes to freeze/thaw- Total # of Times	<u>_</u>
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Type  Barcode Sequence #	Blood Collection- Buffy Coat
	Blood Collection- PBMC
	Bronchial Airway Brushings
	Collection- Tube D
22/40	Urine Processing for
	Metabolomics Study
	18
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
5,0	
Did any freeze/that occur?	No
	Yes
	Unknown
If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	
Draft 18.0 version 1.0 MIGPROD	390 of 444
	5,001111

Folder: 2 year Follow up- Biospecimen Collection

Biospecimen Type	Blood Collection- Buffy Coat
	Blood Collection- PBMC
	Bronchial Airway Brushings
	Collection- Tube D
	Urine Processing for
	Metabolomics Study
Barcode Sequence #	27
Check if Specimen Included	
Storage Temp	Tixed Unit: °C
Did any freeze/that occur?	No
	Yes
	Unknown
If yes to freeze/thaw- Total # of Times	V. O
If yes to freeze/thaw- length of each time	7. 1/2-
Comments	<u></u>
Biospecimen Type	Blood Collection- Buffy Coat
0,0	Blood Collection- PBMC
S	Bronchial Airway Brushings
	Collection- Tube D
	Urine Processing for
	Metabolomics Study
Barcode Sequence #	28
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/that occur?	No
	Yes
5,0	Unknown
If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
	Blood Collection- PBMC
	21000 Concesson 1 Divice

Folder: 2 year Follow up- Biospecimen Collection

	Bronchial Airway Brushings
	Collection- Tube D
	Urine Processing for
	Metabolomics Study
Barcode Sequence #	29
Check if Specimen Included	X >
Storage Temp	Fixed Unit: °C
Did any freeze/that occur?	N ₀ ○
	Yes
	Unknown
If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	7 4
Comments	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Biospecimen Type	Blood Collection- Buffy Coat
, O'	Blood Collection- PBMC
4	Bronchial Airway Brushings
	Collection- Tube D
	Urine Processing for
63.0	Metabolomics Study
Barcode Sequence #	30
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Storage Temp	Tixed Ollit. C
5	
Did any freeze/that occur?	No
.024	Yes
11, 11/2	Unknown
TC	
If yes to freeze/thaw Total # of Times	
ICes to freeze/thaw- length of each time	
Comments	
Bigspecimen Type	Blood Collection- Buffy Coat
	Blood Collection- PBMC
$\bigcirc$	Bronchial Airway Brushings
•	Collection- Tube D
	Urine Processing for
	Metabolomics Study

Folder: 2 year Follow up- Biospecimen Collection

Barcode Sequence #	31
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/that occur?	No
	Yes
	Unknown
If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
Біохресінісіі Турс	Blood Collection- PBMC
	Bronchial Airway Brushings Collection- Tube D
	Urine Processing for
, O	Metabolomics Study
Barcode Sequence #	63
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
1,50	
Did any freeze/that occur?	No
	Yes
	Unknown
If yes to freeze/thave Total # of Times	
If yes to freeze/thaw-length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
510	Blood Collection- PBMC
~ ~ ~	Bronchial Airway Brushings
*	Collection- Tube D Urine Processing for
	Metabolomics Study
Barcode Sequence #	40
Check if Specimen Included	<del>.</del>
Storage Temp	Fixed Unit: °C
Draft 18.0 version 1.0 MIGPROD	393 of 444
10FEB2020 (914)	

Folder: 2 year Follow up- Biospecimen Collection

Did any freeze/that occur?	No
	Yes
	Unknown
If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
1 71	Blood Collection- PBMC
	Bronchial Airway Brushings
	Collection- Tube D
	rine Processing for
D 1.0	Metabolomics Study
Barcode Sequence #	41
Check if Specimen Included	E Allice of
Storage Temp	Fixed Unit: °C
Did one for any laborate and a	No O
Did any freeze/that occur?	No No
GI P	Yes
	Unknown
If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
8	Blood Collection- PBMC
Profile	Bronchial Airway Brushings
	Collection- Tube D
V 0/4	Urine Processing for Metabolomics Study
Barcode Sequence #	42
Check in Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/that occur?	No C
-	Yes
	Unknown

Folder: 2 year Follow up- Biospecimen Collection

If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
	Blood Collection- PBMC
	Bronchial Airway Brushings
	Collection Tabe D
	Urine Processing for
D 10 "	Metabolomics Study
Barcode Sequence #	43
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
	4.
Did any freeze/that occur?	No
	Yes
0,0	Unknown
If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	
Biospecimen Type	Blood Collection- Buffy Coat
Biospecimen Type  Barcode Sequence #	
	Blood Collection- PBMC
	Bronchial Airway Brushings Collection- Tube D
5 11	Urine Processing for
8	Metabolomics Study
Barcode Sequence #	44
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
5,0	
Did any freeze/that occur?	No
	Yes
	Unknown
If yes to freeze/thaw- Total # of Times	
If yes to freeze/thaw- length of each time	
Comments	

Folder: 2 year Follow up- Biospecimen Collection

Form: Biospecimen Transmittal- Optional Generated On: 09 Apr 2020 15:26:54

Biospecimen Type	Blood Collection- Buffy Coat
	Blood Collection- PBMC
	Bronchial Airway Brushings
	Collection- Tube D
	Urine Processing for Metabolomics Study
Barcode Sequence #	45
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/that occur?	No
	Yes
	Unknown
If yes to freeze/thaw- Total # of Times	~ C*
If yes to freeze/thaw- length of each time	<u> </u>
Comments	<u> </u>
If yes to freeze/thaw- length of each time Comments  Com	
IK WILL	
KK-OM	
5,0	
L 0X/	
0`	
<b>_</b>	

Folder: 2 year Follow up- Biospecimen Collection Form: Biospecimen Transmittal- Additional Generated On: 09 Apr 2020 15:26:54

additional biospecimens were sent to the core lab, leav	Yes ( Unknown (
additional biospecimens were sent to the core lab, leav	Unknown (
additional biospecimens were sent to the core lab, leav	C Initio Wil
additional biospecimens were sent to the core lab, reav	ve the table blank
•	te the table blank.
litional specimens were sent, at least one row of the tab	ple must be completed.
ecimen Type	Blood Collection- Blood Plasma
	Blood Collection- Buffy Coat
	Blood Collection- PBMC
_	Blood Collection-PAXgene
	Bronchial Airway Brushings
	Collection
	Bronchial Biopsy Collection
2 2	Buccal Epithelium Collection
	Nasal Epithelium Collection
62.04	Urine Collection
de Seguence #	Other, specify
de Sequence #	
Sent to Core Lab	
ge Temp	Fixed Unit: '
8 4	
ny freeze/thaw occur	No
C II WILL	Yes
(x, 0),	Unknown
to freeze/thaw- Total # of Times	
to freeze/thaw-length of each time	
nents	
<b>&gt;</b>	

Folder: 3 year Follow up

Form: Follow up

10FEB2020 (914)

Generated On: 09 Apr 2020 15:26:54

W 4 C. 11	N. C
Was the follow up completed?	$^{\mathrm{No}}$
	Yes
	Unknown
If the follow up was not completed, please provide the primary reason	Patient Refused
s was not done	Patient Lost to Followup
	Site error
	Other/specify
Date of Follow up	Fixed Unit. MMM dd yyyy
	ري '
Were any adverse events that are considered possibly, probably, or	No
definitely related to the study-related biospecimen collection	Yes
procedures reported?	Unknown
Was pulmonary function test/spirometry performed?	No
The parameter of the pa	Yes
Reason pulmonary function test/spirometry not performed	Patient Refused
	Site error
65,06	Equipment Unavailable Unknown
	Other, specify
Was physical exam performed?	No
S ()*	Yes
8	Unknown
Reason physical exam not performed	Patient Refused
	Site error
XX OZ	Unknown
6,0	Other, specify
Did the partent have any imaging performed as part of follow up?	No
	Yes
	Unknown
mage Type	CT
I	Oynamic contrast-enhanced CT
	PET
Draft 18.0 version 1.0 MIGPROD	200 544
21411 1010 1010III 110 IIIIOI IIOD	398  of  444

398 of 444

Folder: 3 year Follow up

Form: Follow up

	MRI
	X-ray
	Other
Provide the date(s) of imaging the patient had as part of follow up	
Did the patient have any surgery performed as part of follow up?	X ₀
	Yes
	Unknown
Date of Surgery	10/
Were surgical tissue samples collected?	No
•	Yes
	Unknown
Primary reason surgical tissue samples were not collected.	Site Error
Trimary reason surgical ussue samples were not concered	Patient Refused
W. Q.	Pathology Lab Refused Request
0, 1),	Unknown
400	Other, specify
<u></u>	Other, speerly
S	
, S , O .	
812	
2 2 7	
IK WILL	
W. ON!	
-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
5, 70	
L 02/	
X	
SITE RAMIEM FOR	

Folder: 3 year Follow up Form: Study Evaluation and Diagnosis- Pt I, II Generated On: 09 Apr 2020 15:26:54 **Instructions:** The Study Evaluation and Diagnosis Worksheet should be completed by the Treating Physician annually until lung cancer diagnosis or year 4 follow up. Any malignancy identified during the four-year follow-up time period will need to be reported on the Study Evaluation and Diagnosis Form. A response of "Primary Lung" or "Metastatic Lung' to Question #4a completes the participant's involvement in the follow up procedures. 1. - Was the Study Evaluation and Diagnosis Form completed by the treating physician? Unknown 1a. - If no, provide primary reason Refused Follow up Patient Patient Lost to Follow up reating physician did not complete form Other, specify 2. - Date study evaluation and diagnosis completed 4. - Is there malignancy in the lung? 4a1. - If metastatic, provide the site of primary orgin Yes Uncertain **Primary Lung** Metastatic to the Lung Uncertain Other, specify Bladder Bone Brain **Breast** Cervical Colon-Rectal Esophageal Gastric Kidney Larynx

Draft 18.0 version 1.0 MIGPROD 10FEB2020: All Forms

Lymphoma

Folder: 3 year Follow up

Form: Study Evaluation and Diagnosis- Pt I, II

	Melanoma
	Nasal
	Oral
	Pancreatic
	Pharyax
	Prostate
	Kenal Cell
	Thyroid
	Transition Cell
	Uncertain
	Other Cancer, Specify
Part II. Lung Malignancy complete this section only if Q4a=prim	ary lying
5 Date of first diagnosis	C
6 Has the lung cancer been reported on a previous Study Evaluati	on No
and Diagnosis form?	Yes
400	Unknown
6a Has the patient developed progressive disease following	No O
treatment for lung cancer?	Yes
16° 10'	Unknown
6a1 If yes, date of first documentation of progressive lung cano	<u> </u>
	Original lung site
6a2 6a2. List the site(s) of progression	Other lung site(s)
2 2 12	
	Pleura
IK WILL	Brain
I SWI	Bone
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Liver
5 10	Adrenal
~ ^ \	Skin/subcutaneous tissue
7 Pr	N1 regional lymph nodes
	(ipsilateral hilar/intrapulmonary)
$\mathcal{I}$	N2 ipsilateral mediastinal lymph nodes
•	N3 distant lymph nodes
	(contralateral mediastinal or
	hilar/supraclavicular/scalene)

Folder: 3 year Follow up

Form: Study Evaluation and Diagnosis- Pt I, II

	Unknown
	Other, specify
7 Lung Cancer Type	Small Cell Lung Cancer
	Non-Small Cell Lung Cancer
	Unknown
8 Histologic Class	Adenocarcine na
	Adenosquamous Carcinoma
	Epidermond Carcinmoa
	Bronchioloalveolar Carcinoma
	Carcinoid
	Large Cell Carcinoma
	Small Cell Carcinoma
	Squamous Cell Carcinoma
	Other, specify
	Unknown
9 Histologic Subtype	Acinar
	Bronchioalveola
(5)	Papillary
	Solid carcinoma with mucus
	formation Mixed
	Pure small cell carcinoma
5.40	Combined small cell carcinoma
	Large cell neuroendocrine
IK WILL	Basaloid
9 Histologic Subtype	Lymphoepithelial-like
	Large cell with rhabdoid
2, 70	phenotype
- 0	Unknown
10.4- Caricer Stage	Occult
O ·	0
	IA
	IB

Folder: 3 year Follow up

Form: Study Evaluation and Diagnosis- Pt I, II

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Folder: 3 year Follow up

Form: Study Evaluation and Diagnosis- Pt III

Part IV. Diagnostic tests performed since the last Study Evaluation and Diagnosis Form was completed required if Q1=yes	
Note: All diagnostic tests will need a de-identified copy of	the report uploaded into Rave
NOW DERIVATION	
Diagnostic Test Type	Biopsy
	Bone Scan
	Bronchoscopy
	Chest X Ray
	CT Scan
	Mediastinoscopy
	MRI
	PET
	Sputum
	Surgical Pathology
	TBNA
	Thoracoscopy
	Thoracotomy
CIO 2	TTNA
	MRI  PET  Sputum  Surgical Pathology  TBNA  Thoracoscopy  Thoracotomy  TTNA  Other, specify
Was test performed since last Study Evaluation and Diagno	sis form No No
was completed?	Yes
	Unknown
Date of test	
Was test used to establish diagnosis described above?	No
IL W.	Yes
Upload Report	
Diagnostic Test Type	Biopsy
3 (1)	Bone Scan
	Bronchoscopy
· ·	Chest X Ray
$\circ$	CT Scan
	Mediastinoscopy

Folder: 3 year Follow up

Form: Study Evaluation and Diagnosis- Pt III

	PET
	Sputum
	Surgical Pathology
	TBNA
	Thoracoscopy
	Thoracotomy
	TYNA
	Other, specify
Was test performed since last Study Evaluation and Diagnosis form	No
was completed?	Yes
	Unknown
Date of test	
Was test used to establish diagnosis described above?	No
and the second	Yes
Upload Report	<u> </u>
Diagnostic Test Type  Signature  Complete Sign	Biopsy
	Bone Scan
65,00	Bronchoscopy
	Chest X Ray
	CT Scan
	Mediastinoscopy
	MRI
8 4	PET
Profit	Sputum
C. I. Mis	Surgical Pathology
XV-0/	TBNA
5,0	Thoracoscopy
	Thoracotomy
X ~	TTNA
	Other, specify
Was test performed since last Study Evaluation and Diagnosis form	No O
was completed?	Yes
	O

Folder: 3 year Follow up

Form: Study Evaluation and Diagnosis- Pt III

	Unknown
Date of test	<u>_</u>
Was test used to establish diagnosis described above?	No
	Yes
Upload Report	
Diagnostic Test Type	Riopsy
	Bone Scan
	Bronchoscopy
	Chest X Ray
	CT Scan
	Mediastinoscopy
4 4	MRI
\\`_C\	PET
OF IR	Sputum
BMISSION OF SOURCE	Surgical Pathology
	TBNA
	Thoracoscopy
65.0	Thoracotomy
	TTNA
	Other, specify
Was test performed since last Study Evaluation and Diagnosis form	No
was completed?	Yes
	Unknown
Date of test	
Was tescused to establish diagnosis described above?	No
2/\v^CO'.	Yes
Uplead Report	
Diagnostie-Test Type	Biopsy
<b>~</b> `	Bone Scan
Č	Bronchoscopy
	Chest X Ray
	CT Scan

Folder: 3 year Follow up

Form: Study Evaluation and Diagnosis- Pt III

	Mediastinoscopy
	MRI
	PET
	Sputum
	Surgical Pathology
	TBNA
	Thoracoscopy
	Thoracotomy
	TTNA
	Other, specify
Was test performed since last Study Evaluation and Diagnosis form	No
was completed?	Yes
	Unknown
Date of test	
Was test used to establish diagnosis described above?	No
02 42	Yes
Upload Report	
Diagnostic Test Type	Biopsy
Zinginositi Tosi Type	Bone Scan
	Bronchoscopy
	Chest X Ray
	CT Scan
S C	
I PROPERTY	Mediastinoscopy
E IRB MIER	
TE OMNE	Mediastinoscopy MRI
SITE COMMEN	Mediastinoscopy  MRI  PET  Sputum
SITE COMMEN	Mediastinoscopy MRI PET
SITE COMME	Mediastinoscopy  MRI  PET  Sputum  Surgical Pathology
SIECONNE	Mediastinoscopy  MRI  PET  Sputum  Surgical Pathology  TBNA
Upload Report  Diagnostic Test Type	Mediastinoscopy  MRI  PET  Sputum  Surgical Pathology  TBNA  Thoracoscopy

Folder: 3 year Follow up

Form: Study Evaluation and Diagnosis- Pt III

Was test performed since last Study Evaluation and Diagnosis form	No
was completed?	Yes
	Unknown
Date of test	X
Was test used to establish diagnosis described above?	X ₀
	Yes
Upload Report	
Diagnostic Test Type	Biopsy
	Bronchoscopy
	Chest X Ray
J 6	CT Scan
	Mediastinoscopy
OF IPS	MRI
	PET
02 40	Sputum
	Surgical Pathology
62,00	TBNA
	Thoracoscopy
	Thoracotomy
	TTNA
Was test performed since less the first Evaluation and Diagnosis form	Other, specify
Was test performed since last Study Evaluation and Diagnosis form	No O
was completed?	Yes
	Unknown
Date of test	
Was test used to establish diagnosis described above?	No
	Yes
Upload Report	
Upload Report	Biopsy
	Bone Scan
	Bronchoscopy
	()

Folder: 3 year Follow up

Form: Study Evaluation and Diagnosis- Pt III

•	
	Chest X Ray
	CT Scan
	Mediastinoscopy
	MRI
	PET
	Sputum
	Surgical Pathology
	TBNA
	Thoracoscopy
	Thoracotomy
	TTNA
1	Other, specify
Was test performed since last Study Evaluation and Diagnosis form	No
was completed?	Yes
O(1)	Unknown
Date of test	
Was test used to establish diagnosis described above?	No
was test used to establish diagnosis described above.	$\cup$
	Yes
Upload Report	
Diagnostic Test Type	Biopsy
	Bone Scan
5.70	Bronchoscopy
	Chest X Ray
IK WILL	CT Scan
C. MI	Mediastinoscopy
(V) CO'	MRI
51,0	PET
- 0	Sputum
X	Surgical Pathology
5 PE	TBNA
	Thoracoscopy
	Thoracotomy
	TTNA
	$\cup$

Folder: 3 year Follow up

10FEB2020 (914)

Form: Study Evaluation and Diagnosis- Pt III

	Other, specify
Was test performed since last Study Evaluation and Diagnosis form	No O
was completed?	Yes
	Unknown
Date of test	
Was test used to establish diagnosis described above?	No
	Yes
Upload Report	141.
Diagnostic Test Type	Biopsy
	Bone Scan
	Bronchoscopy
4 4	Chest X Ray
1/ '^C^	CT Scan
	Mediastinoscopy
	MRI
	PET
	Sputum
65.04	Surgical Pathology
	TBNA
	Thoracoscopy
	Thoracotomy
5010	TTNA
Was test performed since hist Study Evaluation and Diagnosis form	Other, specify
Was test performed since last Study Evaluation and Diagnosis form	No
was completed?	Yes
-\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\fr	Unknown
Date of text	
Was test used to establish diagnosis described above?	No
	Yes
Upload Report	
Diagnostic Test Type	Biopsy
	Bone Scan
Draft 18.0 version 1.0 MIGPROD	410 of 444

Folder: 3 year Follow up

Form: Study Evaluation and Diagnosis- Pt III

	Bronchoscopy
	Chest X Ray
	CT Scan
	Mediastinoscopy
	MRI
	REI
	Spatum (
	Surgical/Pathology
	TBNA
	Thoracoscopy
	Thoracotomy
	TTNA
	Other, specify
Was test performed since last Study Evaluation and Diagno	sis form No
vas completed?	Yes
2/2	Unknown
Date of test	
Vas test used to establish diagnosis described above?	No
119.50	Yes
Jpload Report	
<del></del>	Biopsy
	Bone Scan
biagnostic Test Type	Bronchoscopy
12 M	Chest X Ray
	CT Scan
10°01	Mediastinoscopy
5,0	MRI
	PET
X	Sputum
5 PEC	Surgical Pathology
	TBNA
	Thoracoscopy
	Thoracotomy

Folder: 3 year Follow up

Form: Study Evaluation and Diagnosis- Pt III

	TTNA
	Other, specify
Was test performed since last Study Evaluation and Diagnosis form	No O
was completed?	Yes
	Unknown
Date of test	1910
Was test used to establish diagnosis described above?	No
	Yes
Jpload Report	
Diagnostic Test Type	Biopsy
	Bone Scan
4 4	Bronchoscopy
	Chest X Ray
	CT Scan
	Mediastinoscopy
	MRI
CIV P	PET
,65,0	Sputum
	Surgical Pathology
O. M.O.	TBNA
	Thoracoscopy
5.40	Thoracotomy
	TTNA
Diagnostic Test Type  Was test performed that a last Study Evaluation and Diagnosis form	Other, specify
	No
vas completed?	Yes
2, 70	Unknown
Date of Jest	
Was test used to establish diagnosis described above?	No
	Yes
Upload Report	

Folder: 3 year Follow up

Form: Surgical Lung Specimens- Formalin Fixed

Kit Barcode	
Date Specimen Mailed	
Biospecimen Type	Formalin Fixed Tumor Tissue
	Formalin Fixed Normal Tissue
Barcode Sequence #	73
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/thaw occur?	No Yes Unknown
If yes to freeze/thaw- Total # of Times	7 4.
If yes to freeze/thaw- length of each time	\\`_C\\
Comments	3,12
Biospecimen Type	Formalin Fixed Tumor Tissue Formalin Fixed Normal Tissue
Barcode Sequence #	75
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/thaw occur?	No Yes
- B K	Unknown
If yes to freeze thaw- Total # of Times	
If yes to freeze/thave length of each time	
Comments	
2, 70	
- 02	
X \	
O`	

Folder: 3 year Follow up

Form: Surgical Lung Specimens- Fresh Frozen

Kit Barcode	
Date Specimen Mailed	
Biospecimen Type	Fresh Frozen Tumor Tissue
	Fresh Frozen Normal Tissue
Barcode Sequence #	<b>1</b> 1/4
Check if specimen included	
Storage Temp	Fixed Unit: °C
Did any freeze/thaw occur?	No Yes Unknown
If yes to freeze/thaw- Total # of Times	7 4.
If yes to freeze/thaw- length of each time	V, CV
Comments	2, 0-
Biospecimen Type	Fresh Frozen Tumor Tissue Fresh Frozen Normal Tissue
Barcode Sequence #	76
Check if specimen included	
Storage Temp	Fixed Unit: °C
Did any freeze/thaw occur?	No Yes
- 08 KM	Unknown
If yes to freeze thaw- Total # of Times	
If yes to freeze/thave length of each time	
Comments	
2.00	
- 0-	
<b>~</b> `	
Ο`	

Folder: 4 year Follow up

Form: Follow up

Was the follow up completed?	No
	Yes
	Unknown
If the fellowing man and completed alone much de the mineron man	
If the follow up was not completed, please provide the primary reason is was not done	Patient Refused
is was not done	Patient Lost to Followup
	Site error
	Other, specify
Date of Follow up	Fixed Unit. MMM dd yyyy
<u>-</u>	$\sim$
Were any adverse events that are considered possibly, probably, or	No
definitely related to the study-related biospecimen collection procedures reported?	Yes
procedures reported?	Unknown
Was pulmonary function test/spirometry performed?	No
OF IF	Yes
Reason pulmonary function test/spirometry not performed	Patient Refused
	Site error
	Equipment Unavailable
65,0	Unknown
	Other, specify
Was physical exam performed?	No
	Yes
25,41	Unknown
Reason physical exam not performed	Patient Refused
IK WALL	Site error
K ON'	Unknown
	Other, specify
Did the partern have any imaging performed as part of follow up?	No C
Du morano i nave any anagaig perjormea as part of follow up.	Yes
	Unknown
Image Type	CT
	Dynamic contrast-enhanced CT
	PET

Folder: 4 year Follow up

Form: Follow up

	MRI
	X-ray O
	Other
Provide the date(s) of imaging the patient had as part of follow up	
Did the patient have any surgery performed as part of follow up?	No
	Yes
	Unknown
Date of Surgery	
Were surgical tissue samples collected?	No
were surgical dissue samples concered:	Yes
	Unknown
Primary reason surgical tissue samples were not collected	Site Error
	Patient Refused
OF IF	Pathology Lab Refused Request
	Unknown
	Other, specify
5,04	
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ik, with	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
61,0	
SITE COMMENDED FOR	
$\cup$	

Folder: 4 year Follow up Form: Study Evaluation and Diagnosis- Pt I, II Generated On: 09 Apr 2020 15:26:54 **Instructions:** The Study Evaluation and Diagnosis Worksheet should be completed by the Treating Physician annually until lung cancer diagnosis or year 4 follow up. Any malignancy identified during the four-year follow-up time period will need to be reported on the Study Evaluation and Diagnosis Form. A response of "Primary Lung" or "Metastatic Lung' to Question #4a completes the participant's involvement in the follow up procedures. 1. - Was the Study Evaluation and Diagnosis Form completed by the treating physician? Unknown 1a. - If no, provide primary reason Refused Follow up Patient Patient Lost to Follow up reating physician did not complete form Other, specify 2. - Date study evaluation and diagnosis completed 4. - Is there malignancy in the lung? 4a1. - If metastatic, provide the site of primary orgin Yes Uncertain **Primary Lung** Metastatic to the Lung Uncertain Other, specify Bladder Bone Brain **Breast** Cervical Colon-Rectal Esophageal Gastric Kidney Larynx

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Lymphoma

Folder: 4 year Follow up

Form: Study Evaluation and Diagnosis- Pt I, II

Melano	ma
Na	sal
O	ral
Pancrea	ntic
Phary	/nx
Prox	ate
Kenal C	Cell
Thyro	oid
Transition C	Cell
Uncert	ain
Other Cancer, Spec	ify
Part II. Lung Malignancy complete this section only if Q4a=primary lung	
5 Date of first diagnosis	
	$\overline{\text{No}}$
and Diagnosis form?	res (
Unkno	wn
	No
treatment for lung cancer?	l'es 🔘
Unkno	wn
6a1 If yes, date of first documentation of progressive lung cancer	
6a2 6a2. List the site(s) of progression Original lung s	site
Other lung site	e(s)
- 3 .A.	
Plea	ura( )
Plet Br:	ain
Plea Brown B	$\cup$
Plet Branch Live Charles Charl	ain
Plet Brown Street Stree	ain one ver
Brack	ain one over onal
Brown Skin/subcutaneous tiss N1 regional lymph noc	ain one one or o
Bridge Br	ain one one one one one one one one one on
Plet Br.  Br.  Adre:  Skin/subcutaneous tiss  N1 regional lymph nod (ipsilateral hilar/intrapulmona N2 ipsilateral mediastinal lym	ain one one one one one one one one one on
N1 regional lymph noc (ipsilateral hilar/intrapulmona N2 ipsilateral mediastinal lym	ain one one one one one one one one one on

Folder: 4 year Follow up

Form: Study Evaluation and Diagnosis- Pt I, II

	Unknown
	Other, specify
7 Lung Cancer Type	Small Cell Lung Cancer
	Non-Small Cell Lung Cancer
	Unknown
8 Histologic Class	Adenocarcinolna
	Adenosquamous Carcinoma
	Epidermond Carcinmoa
	Bronchioloarveolar Carcinoma
	Carcinoid
	Large Cell Carcinoma
4	Small Cell Carcinoma
	Squamous Cell Carcinoma
	Other, specify
9 Histologic Subtype  State Committee Commi	Unknown
9 Histologic Subtype	Acinar
	Bronchioalveola
65,0	Papillary
	Solid carcinoma with mucus
	formation Mixed
	Pure small cell carcinoma
5.4	Combined small cell carcinoma
	Large cell neuroendocrine
IK WILL	Basaloid
K ON	Lymphoepithelial-like
	Large cell with rhabdoid
2, 70	phenotype
- 02	Unknown
10 Cancer Stage	Occult
O ·	0
	IA
	IB

Folder: 4 year Follow up

Form: Study Evaluation and Diagnosis- Pt I, II

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Folder: 4 year Follow up

Form: Surgical Lung Specimens- Formalin Fixed

Kit Barcode	
Date Specimen Mailed	
Biospecimen Type	Formalin Fixed Tumor Tissue
	Formalin Fixed Normal Tissue
Barcode Sequence #	73
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/thaw occur?	No Yes Unknown
If yes to freeze/thaw- Total # of Times	7 4.
If yes to freeze/thaw- length of each time	\\`_C\\
Comments	3,12
Biospecimen Type	Formalin Fixed Tumor Tissue Formalin Fixed Normal Tissue
Barcode Sequence #	75
Check if Specimen Included	
Storage Temp	Fixed Unit: °C
Did any freeze/thaw occur?	No Yes
- B K	Unknown
If yes to freeze thaw- Total # of Times	
If yes to freeze/thave length of each time	
Comments	
2, 70	
- 02	
X \	
O`	

Folder: 4 year Follow up

Form: Surgical Lung Specimens- Fresh Frozen

Kit Barcode	
Date Specimen Mailed	
Biospecimen Type	Fresh Frozen Tumor Tissue
	Fresh Frozen Normal Tissue
Barcode Sequence #	
Check if specimen included	
Storage Temp	Fixed Unit: °C
Did any freeze/thaw occur?	No Yes Unknown
If yes to freeze/thaw- Total # of Times	7 4.
If yes to freeze/thaw- length of each time	V CV
Comments	2, 15-
Biospecimen Type	Fresh Frozen Tumor Tissue Fresh Frozen Normal Tissue
Barcode Sequence #	7
Check if specimen included	
Storage Temp	Fixed Unit: °C
Did any freeze/thaw occur?	No
5 11	Yes
	Unknown
If yes to freezerhaw- Total # of Times	
If yes to freeze/thave length of each time	
Comments	
8 10	
- 0	
1	
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Folder: 4 year Follow up Form: CT Imaging

Did CT commence?	No
	Ye
Reason imaging did not commence	Adverse Even
	Claustrophobi
	Equipment failure/erto
	Injection complication
	Other (specify additional
	intormation
	Participant refusa
	Unknow
Date of Imaging	
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	CV
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E IRB MIKENDE	
ITE ONNENDE	
CITE COMMENDE	
SITE COMMENDE	
Date of Imaging  Other Committee Com	

Folder: 4 year Follow up

Form: Vital Status and Treatment Response Generated On: 09 Apr 2020 15:26:54

Generated 611 05 11p1 2020 1012010 1	
<b>Instruction:</b> The Vital Status and Treatment/Response Worksheet should Physician at year 4 for	
all Group B participants who had a lung cancer diagnosis and/or were take	en off study.
1 Was the Vital Status and Treatment/Response form completed by the treating physician?	No Yes
1a If no, provide primary reason	Patient Refused Follow up  Patient Lost to Follow up
	Treating physician did not
2. Determined at the analysis and the attenue of the second and the second at the seco	other, specify
2 Date vital status and treatment/response form completed	
3 Participant Vital Status	Alive Dead
	Unknown
3a Date of Death	
3b Cause of death	Lung Cancer Other, specify
Part II. Participants Taken Off Study Complete this section only for part	
4 Did the participant have a diagnosis of malignancy in the lung	No
since they were taken off study?	Yes
	Uncertain
4a If yes, the malignancy is/was:	Primary Lung  Metastatic to the Lung
	Uncertain
Proph	Other, specify
4a1. If metastatic provide the primary site of origin	Bladder
51.0	Bone Brain
Sign	Breast
	Cervical Colon Restal Restal Colon Restal Co
$\mathcal{I}$	Colon-Rectal Secondary
<del>-</del>	Esophageal Gastric
	$\cup$

Folder: 4 year Follow up

Form: Vital Status and Treatment Response

	Kidney
	Larynx
	Lymphoma
	Melanoma
	Nagal
	Oral
	Parcreatic
	Pharynx
	Prostate
	Renal Cell
	Thyroid
	Transition Cell
	Uncertain
	Other Cancer, Specify
	plete this section for all patients with lung cancer
diagnosis	
5 Has the lung malignancy been reported on a previous S Evaluation and Diagnosis form?	
CS C	Yes
120	Unknown
5a Date of first diagnosis of lung cancer	
5b Lung Cancer Type	Small Cell Lung Cancer
	Non-Small Cell Lung Cancer
- S (A)	Unknown
5c Histologio Class	Adenocarcinoma
	Adenosquamous Carcinoma
(V - O)	Epidermoid Carcinmoa
510	Bronchioloalveolar Carcinoma
- 0	Carcinoid
J. P.	Large Cell Carcinoma
)	Small Cell Carcinoma
	Squamous Cell Carcinoma
	Other, specify
	Unknown

Folder: 4 year Follow up

Form: Vital Status and Treatment Response

5d Histologic Subtype	Acinar
	Bronchioalveola
	Papillary
	Solid carcinoma with mucus
	formation
	Mixed
	Pure small cell carculoma
	Combined small cell carolnoma
	Large cell neuroendocrine
	Basaloid
	Lymphoepithelial-like
	Darge cell with rhabdoid
4	phenotype
	Unknown
5e Cancer Stage	Occult
,0,0,	$0\overline{\bigcirc}$
02 40	IA
0,00	IB
	IIA
	ІІВ
	IIIA
	IIIB
	$_{\mathrm{IV}}$
5e Cancer Stage  6 Did the patient developed progressive disease (e.g., progression at primary site, metastases, other recurrence) following treatment for	$\overline{}$
primary site, metastases, other recurrence) following treatment for	Yes
lung cancer?	$\cup$
	Unknown
6a - If yes, date of first documentation of progressive lung cancer	
(b) List the site(s) of progression of lung cancer	Original lung site
- OX	Other lung site(s)
X X	Pleura
	Brain
	Bone
	Liver
	Adrenal

Folder: 4 year Follow up

Form: Vital Status and Treatment Response

	Skin/subcutaneous tissue
	N1 regional lymph nodes
	(ipsilateral hilar/intrapulmonary)
	N2 ipsilateral mediastinal lymph
	nodes
	N3 distant lymph nodes (contralateral mediastinal or
	hilar/supraclavicular/scalene)
	Unknown
	Other, specify
7 Response Status	Complete Response
	Partial Response
	Stable Disease
	Progressive Disease
	Unknown
8 Date the response status was determined	<u> </u>
Part IV. Treatment	)
9 Did the participant undergo any treatment or the primary	Flung No C
cancer?	Yes
62.0	Unknown
5 1	
.02	
11, 11/4	
2,10	
X	
CANCER SUBMILLION OF STEEL COMMILE OF ST	

Folder: 4 year Follow up

Form: Vital Status and Treatment Response-Treatment

Treatment	Chemotherapy
	Radiation
	Surgery
	Other, specify
Treatment Name/Description	
Dose	
Dose Units	mg
	mg/kg
	mg/m^2
	mcg
	Gy
	Other, specify
Check if dose is not applicable or unknown	
Start Date	.0-
End Date	
Check if ongoing	
Chemo Only Number of Cycles	
Sign	
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Chemo Only Number of Cycles	
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Folder: CT SOC Images Sent to Core Lab Form: CT Image Transmittal Worksheet Generated On: 09 Apr 2020 15:26:54

***Sites must complete, print, and include this form when mailing images to ACRIN***	
	MENTATIC
Mail to:	XP.
ACRIN Imaging Core Lab	4'
Protocol: ACRIN 4704- DECAMP 2	
1818 Market St, Suite 1700	
Philadelphia, PA 19103	$\mathcal{M}$
-	
Date of imaging	
Date of imaging submission	
Mode of image submission	TRIAD
č	sFTP
	Disk
	Hard Drive
CT data sets submitted	CRF data
<b>,</b> O',	Scout / Topogram / Surview
Sign	Axial Plane Step & Shoot
()	BRAIN Pre-Contrast
	Axial Plane Step & Shoot
	BRAIN Post Contrast
(Ø, °\)	Axial Plane BRAIN Bone/Sharp
	Algorithm
2 7	Axial Plane Step & Shoot
	Angiography BRAIN
.02	Axial Plane Step & Shoot CCTA
II WA.	Angiography
IVI ON'	Axial Plane Helical/Spiral CCTA
V, CO.	Angiography
6	Axial Plane Helical/Spiral
	CHEST/THORAX Unenhanced
-	Soft Tissue Algorithm l
STRUCTURE	Axial Plane Helical/Spiral
<b>`</b>	CHEST/THORAX Enhanced  Standard/Soft Tissue Algorithm
$\mathbf{\mathcal{G}}$	Axial Plane Helical/Spiral
•	ABDOMEN Unenhanced
	Standard/Soft Tissue Algorithm
	Zumana Zort Hisbac Higorianii

Folder: CT SOC Images Sent to Core Lab Form: CT Image Transmittal Worksheet Generated On: 09 Apr 2020 15:26:54

	Axial Plane Helical/Spiral
	ABDOMEN Enhanced
	Standard/Soft Tissue Algorithm
	Axial Plane Helical/Spiral
	PELVIS Unenhanced
	Standard/Soft Tissue Algorithm
	Axial Plane Helical/Spiral PELVIS Enhanced Standard Soft
	Tissue Algorithm
	Axial Plane Step & Shoot
	ABDOMEN Angiography
	Axial Plane Helical/Spiral
	ABDOMEN Angiography
	Axial Plane Step & Shoot
	PELVIS Angiography
	Axial Plane Helical/Spiral
	PELVIS Angiography SAGITTAL Standard/Soft Tissue
a Mi	SAGITTAL Standard/Soft Tissue
O` _	SAGITTAL Bone/Sharp
2.0	CORONAL Standard/Soft Tissue
0, 5	CORONAL Bone/Sharp
60-2	3-D Standard/Soft
Comments COMMENTS	3-D Bone/Sharp
	MULTI-PHASE
0,196	SAGITTAL Standard/Soft Tissue
	SAGITTAL Bone/Sharp
5 7	CORONAL Standard/Soft Tissue
	CORONAL Bone/Sharp
IK WILL	3-D Standard/Soft
.C. 10/11	3-D Bone/Sharp
(__\)	Other, specify
Comments	<u> </u>
COMMENTS	
Name of Technologist	
Technologist phone number	<u> </u>
Technologist email	
- Comorogist Cilian	

Folder: PET SOC Images Sent to Core Lab Form: PET Image Transmittal Worksheet Generated On: 09 Apr 2020 15:26:54

Date of imaging	
Date of imaging submission	
Mode of image submission	TRIAD
	sFTP
	Disk
	Hard Drive
PET data sets submitted	CRE data
121 data sets suomittee	Torso survey [skull-base to
	mil-thigh level]
	Whole Body skull vertex to
	toes]
	Static brain
	Dynamic body
	Dynamic brain
	Summed static
	CT for attenuation correction
Smith ABNIED FOR SOUR	Transmission scan (for PET only
	scanner
	Diagnostic CT
	MRI
	Multi-bed Position Static
	Other, specify
Comments	
COMMENTS	
Name of Technologist	
Technologist phone number	
Technologist email	
reemorgsst email	
2,10	
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Folder: MRI SOC Images Sent to Core Lab Form: MRI Image Transmittal Worksheet Generated On: 09 Apr 2020 15:26:54

	ging	
	ging submission	
Mode of image	age submission	TRIAD
		sFTP
		Disk
		Hard Drive
MRI data se	ets submitted	
Comments		
COMMEN'	TS	
Name of Te	echnologist	
Technologis	st phone number	
Technologis	et amail	
Technologis	st eman	<del></del>
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FOR SITE	RB SUBMENDED FOR	
FOR SITE	RB SUBMENDED FOR	
FOR SITE	RB SUBMENDED FOR	
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KOR SITE	RB SUBMENDED FO	
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Draft 18.0 version 1.0 MIGPROD 10FEB2020: All Forms Folder: Other Type-SOC Images Sent to Core Lab

Form: Other Image Transmittal Worksheet Generated On: 09 Apr 2020 15:26:54

Date of imaging submission  Mode of image submission  Data sets submitted  Comments  COMMENTS  Name of Technologist  Technologist phone number  Technologist email	TRIAD SFTP Disk Hard Drive
Data sets submitted  Comments  COMMENTS	sFTP Disk Hard Orive
Data sets submitted Comments	sFTP Disk Hard Orive
COMMENTS	Hard Prive
COMMENTS	
Name of Technologist Technologist phone number Technologist email	
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Folder: Adverse Events Form: Adverse Events

Generated On: 09 Apr 2020 15:26:54

**INSTRUCTION TEXT.** Only AEs that are considered possibly, probably, or definitely related to the study-related biospecimens collection procedures require reporting to ACRIN. Please refer to your local IRB's policies and procedures regarding reporting of AEs.

Refer to Protocol Section 10.0 for more details	
AE Term	
Adverse Event Text Name (CTCAE v4.0)	
Adverse Event Grade	1-Mild
	2 Moderate
	3- Severe
	4- Life-threatening or diabling
	5- Death
CTC Adverse Event Attribution Scale	Unrelated Unlikely Possible Probable Definite
CTC TRAVEISC EVENT TRAINGUIGH Source	Unlikely
	Possible
	Probable
\0	Probable
200	<b>D</b> efinite
Serious AE?	No
62, 04	Yes
Action Taken- Mark all that apply	
Action Taken- None	
Action Taken- Medication Therapy	
Action Taken- Procedure	
Action Taken-Hospitalization	
Action Taken Other	
Outcome	Recovered
K ON	Improved
	Ongoing
2,10	Death
- 02	Unknown
AP Stort Data	
AE Start Date AE End Date	
Check if ongoing	
Comments	
Comments	

**Folder: Adverse Events** Form: Adverse Events

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Draft 18.0 version 1.0 MIGPROD 10FEB2020 (914)

Folder: Adverse Events Form: Serious Adverse Event

Generated On: 09 Apr 2020 15:26:54

The Serious Adverse Event Form should only be completed for reportable serious adverse events

One Serious Adverse Event Form should be completed per SAE Any updates to the SAE should be recorded on the original SAE report

Definition of an SAE= any untoward medical occurrence that:

- Results in death;
- *Is life-threatening (at the time of the event);*
- Requires inpatient hospitalization or prolongation of an existing hospitalization;
- Results in persistent or significant disability or incapacity;
- Is a congenital anomaly/birth defect;
- Is considered a medically-important event

Refer to the 4703 Protocol Section 10.0 for more details

The Site PI must electronically sign off on the eCRF before	the form can be considered complete
Check if Final Report (i.e., no additional data will be collect regarding this SAE)	ted
Date of Birth	,0-
Patient Gender	Male Female
Describe the serious adverse event (SAE)	
Onset Date of Event	
Severity of Event	Mild
	Moderate
(B) (L)	Severe
60,00	Life threatening
8347	Fatal
Relationship of the study to the SAE	Unrelated
	Unlikely
XX O/A	Possible
6,0	Probable
-04	Definite
Event Resolution	Recovered/Resolved
	Ongoing
	Recovered/Resolved with
-	sequelae, specify sequelae
	Fatal

Folder: Adverse Events Form: Serious Adverse Event

	Unknow
If recovered/resolved, please provide date	
If fatal, please provide date of death	
Seriousness Criteria for SAE	Deat
	Life threatening
	Hospitalizatio
	Prolongation of hospitalization
	Congenital anomaly or bir
	defe
	Persistent
	significanteisability/incapaci
	important medical eve requiring medical or surgion
	intervention to prevent serio
	outcome, please specif
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CITE COMME	
SIRCONIN	

**Form: Subject Enrollment** 

Patient ID Enrolling Site CTEP ID Lead Organization Current Site CTEP ID Enrollment Date Enrollment Time  Group Data Source Application  Carbon Source Application  Carbon Source Application  Carbon Source Application	_V1_0
Lead Organization  Current Site CTEP ID  Enrollment Date  Enrollment Time  EST  CST  MST  PST  EDT  CDT  MDT  PDT	
Current Site CTEP ID  Enrollment Date  Enrollment Time  EST  CST  MST  PST  EDT  CDT	
Enrollment Time  Enrollment Time  EST  CST  MST  PST  EDT  CDT  MDT	
Enrollment Time  EST  CST  MST  PST  EDT  CDT  MDT	
Enrollment Time  Source Application  Group Data Source Application  Source Application  Source Application	· D
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Source Application	
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Form: Protocol Deviation

Select the protocol event being reported	Inclusion / exclusion criteria not
	met at time of registration
	Imaging-related deviation
	Study activity performed prior to
	participant signing study consent
	form Visit or follow-up
	assessments/procedures not
	performed per protocol
	Case enrolled under expired IRB
	approval / FWA
	Biospecimen Collection not
	performed per protocol  Patient Lung Questionnaire Not
	Completed
4	
Protocol Deviation Occurrence Date	Wissing exam series. Study is
Trovide reduced for saminging Protector 20 visition	incomplete per protocol
	Inconsistent subject identifier
, 0, 20	Image artifact - rendering series
0, 4,	non-diagnostic
,0,0	Incorrect case number assigned
SI P	to images
(6)	Incomplete image transfer
	Body weight is incorrect or unknown
	Images lost / unavailable
	Other C
$\sim$ $\sim$ $\sim$ $\sim$	Other
Date the Protocol Deviation was Discovered	
Describe the Protocol Deviation	
Describe the Protocol Deviation  What Was Done to Rectify the Situation and/or Prevent Future Occurrence  At what reporting period did this Study Deviation Occur	
At what reporting period did this Study Deviation Occur	Eligibility / Registration
- ^	Biospecimen Transmittal
	Baseline
	Baseline Biospecimen Collection
O	Follow up- 1 year
	Follow up- 1 year Biospecimen Collection
	Concetion

Form: Protocol Deviation

Follow up- 2 year
Follow up- 2 year Biospecimen
Collection
Follow up- 3 year
Follow up- 4 year
Follow up Through Surgery and
Diagnosis Cthor or spiff
Other, specify
Bronchscopy
Blood Collection
Bronchial Airway Brushings
Urine Collection (Midstream
Clean Catch)
Nasal Brushing
Clean Catch) Nasal Brushing Buccal Scraping Sputum Samples Urine Processing for Metabolomics Study Surgical Tissue Collection All Biospecimen Collection
Sputum Samples
Urine Processing for
Metabolomics Study Surgical Tissue Collection
Surgical Tissue Collection
All Biospecimen Collection

Form: Off Study

Provide reason for study disposition by selecting one of the following	Protocol defined follow up
	completed
	Participant lost to follow up
	Participant refused follow
	up/withdrew
	Death
	Adverse Event/Side
	Effects/Complications  Disease progression
	Study terminated by sponsor
	Protocol violation-did not meet
	eligibility
	Protocol violation-technical problems
	Protocol violation-related to
_1	study visits
	Protocol violation-related to
NON POUR	imaging
O'/N	Protocol violation-related to
	biospecimen collection
	Other, specify
Date of Death	Fixed Unit: MMM dd yyyy
62,00	
Cause of Death	Disease progression
	Other, specify
Date of disposition	Fixed Unit: MMM dd yyyy
Date of disposition	Fixed Offit. Mivily dd yyyy
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- 0-v	
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SITE COMME	

Form: Withdrawal of Consent

Generated On: 09 Apr 2020 15:26:54

**Instructions**: The study site completes the WOC Form to document participant and investigator-initiated study withdrawals. As addressed in the study

consent, participants are free to withdraw from the study at any time. That said, the level of withdrawal a participant desires can vary, which may result in

confusion regarding the participant's intention. Therefore, since there are various degrees of withdrawal, it is important to initiate a discussion and ask

questions to determine (1) the degree of withdrawal the participant desires and (2) whether some level of contact can be agreed upon – such as an annual

phone call or a call/letter at the end of the study to "check in with them and see how they are", allowing determination of vital status. This discussion will

help the study team avoid having to make their own interpretation as to the participant's choices regarding study participation.

#### With this in mind, refusal

of a study activity (biospecimen collection, imaging, etc.) should not be interpreted as refusal of all future study activities or withdrawal from the

study. Refusal of a study activity should be documented on a PR. Furthermore, the issue of withdrawal should not be confused with participants considered

Non-responders, Lost, or Lost to Followup; withdrawal involves an active, explicit request by the participant.

Date study participant withdrew consent	
Please select the reason(s) for withdrawal select all that apply	
Transportation problems	
Concerned about privacy	
Physical illness/cognitive impairmen	
Out of Area	
Concerned about medical costs responsibility	
Concerned about health care effects	
Participating in other research study	
Dissatisfied with study	
Family responsibilities	
Work demands	
Loss of interest in Study	
No reason given	
Other reason	
Level of Participant Withdrawal	(1)Participant elected to cease
	one or more study procedures
$\mathcal{J}$	(2)Participant refuses further
	active study participation, but
	will allow continued vital and
	disease status collection

Form: Withdrawal of Consent

	(3)Participant explicitly
	withdraws study
	consent/authorization
For Level 1 Consent Withdrawals	
Indicate the level of withdrawal for each:	
Biospecimen Collection	Participant did not withdraw
	consent for biospecimen
	collection
	Participant refuses upcoming
	biospecimen collection and
	would like to be contacted to
	decide on future collections
	Participant agrees to only partial
	biospecimen collection
	Participant refuses all future
	biospecimen collection
PFT	Participant did not withdraw
	consent for PFT
, 0'	Participant refuses upcoming
), 4	PFT and would like to be
0, 8	contacted to decide on future
	collections
CT REMIENDED FOR	Participant refuses all future PFTs
CT	Participant did not withdraw
	consent for CT Imaging exams
	Participant refuses upcoming CT
	Imaging exams and would like to
50	be contacted to decide on future
0 12	collections
	Participant refuses all future CT
IL "M.	Imaging exams
For Level 2 withdrawals	
'\\\-\'\'\'	
fodicate if contact is allowed for vital status	No
	Yes
- Q.V	1 es U
If yes, indicate the timeframe	Yearly
	Other, specify
O CAL WOOD	
Documentation of the WOC conversation	
(participant letter, chart notes, etc)	

Form: Withdrawal of Consent