EXHALED BREATH CONDENSATE COLLECTION FORM, EBC
QUESTION BY QUESTION (QxQ), VERSION 1.0

I. GENERAL INSTRUCTIONS

The Exhaled Breath Condensate Collection Form (EBC) is to be completed during the participant's clinic visit.

Please answer every question on this form. *NOTE: All response options in the paper form may not appear in CDART (e.g., 'Don't know', 'Declines to answer', etc.). Beside each item input is a small double bracket icon which looks like this: ⤬. Clicking this icon displays a field dialogue box in which the "Field Status" selection menu allows you to choose from the following options: 'Refused', 'No response', 'Doesn't know', 'Not applicable', 'Maximum value', 'Minimum value', and 'Missing'.* **See MOP 6 – Section 3.2 for additional instructions on how to select a Field Status option.**

Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes (e.g., enter 0.25 rather than .25).

II. INSTRUCTIONS FOR INDIVIDUAL ITEMS

Header Information: Consists of key fields which uniquely identify each subject and recorded occurrence of a form. For the "ID NUMBER", record the 3-character, 6-digit number assigned to the specific participant. For the "Event", record if this is happening at Baseline or another event.

Item 0a. Record the date the data was collected or abstracted in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.

Item 0b. Record the SOURCE staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SOURCE data, please contact the GIC in order to receive your own individual staff code.

Item 1. Select only one option among the two possible choices. If 'No' is selected, **Go to End** of the form, and **Save and Close** the form.

Item 2. Record the EBC collection start time (i.e., hour/minute) in the HH:MM AM/PM format in the space provided.

Item 3. Record the EBC collection stop time (i.e., hour/minute) in the HH:MM AM/PM format in the space provided.

Item 4. Select only one option among the two possible choices. If 'No' is selected, go to Item 5.

Item 4a. Specify why EBC collection was terminated early in the space provided.

Item 5. Record the number of aliquots created from the processed EBC collected in the space provided. *NOTE: If the EBC collection process was terminated early and no sample was collected, enter zero for number of aliquots collected.*

Item 6.

    Items 6a-6d.   Record the volume of each EBC aliquot collected in microliters in the space provided.

Item 7.   Record the time the EBC sample aliquots were stored in the -80°C freezer (i.e., hour/minute) in the HH:MM AM/PM format in the space provided.

Item 8.   Select only one option among the two possible choices. If 'No' is selected, **Go to End** of the form, and **Save and Close** the form.

    Item 8a.   Describe any incidents or problems during the EBC collection in the space provided.

Select **Save and Close** at the bottom of the page/screen.