



SPUTUM SLIDE FORM

LAB ID NUMBER:

FORM CODE: SPU
VERSION: 3.0 04/29/2021

Event _____

0a) Form Date: / /

0b) Staff Code:

0c) Sample collection

- Visit 5 Sputum₁
- Bronchoscopy Visit 1 Sputum₂
- Bronchoscopy Other₃
- Exacerbation Sputum₄
- Exacerbation Spontaneous Sputum₅

1) Reader Code

2) Reader Number (1/2/3)

3) Internal ID Number

4) Slide Number

- 01₁
- 02₂
- 03₃
- 04₄

4a) Slide Type

- Sputum₁
- Bronchial Wash₂
- Bronchoalveolar Lavage₃
- Cytological Brush₄
- Micro Cytological Brush₅

5) Acceptable Slide

- No₀
- Yes₁

6) Description: _____

7) Neutrophils

8) Mac/Mon

LAB ID NUMBER:									
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9) Eos

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

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

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

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

14) Date Slide Reading Completed:

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