



BRONCHOSCOPY INFORMED CONSENT TRACKING

ID NUMBER:

FORM CODE: **BCT**
VERSION: 1.0 12/20/11

Visit
Number

SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Code:

Instructions: After obtaining the participants witnessed signature on the informed consent document during the visit, key the responses on this screen from that document. Enter only one form per participant.

INFORMED CONSENT

- 1) The participant agrees to participate in the SPIROMICS Bronchoscopy Substudy as described in the bronchoscopy substudy informed consent.....
- No N →
- Yes Y