Additional Laboratory Results

Research Subject ID Research ID

_____

Erythrocyte sedimentation rate

_____

Reticulocyte Count (PhenX protocol PX0810601 unless stated otherwise)

Repeatability of the reticulocyte count assay.

_____

Record the results of the blood draw.

_____

Record reasons for a tube not being drawn according to the protocol.

_____

Record any comments about the venipuncture.

_____

Haptoglobin level (PhenX protocol PX0810801 unless stated otherwise)

Haptoglobin level

_____
(mg/dL)

Repeatability of the haptoglobin assay.

_____

Record the results of the blood draw.

_____

Record reasons for a tube not being drawn according to the protocol.

_____

Coefficients of variation of the haptoglobin assay.

_____
(mg/dL)

Determine if the serum is hemolyzed, turbid, lipemic, or icteric.

◯ Yes
◯ No

If serum is hemolyzed, turbid, lipemic, or iteric, then describe.

◯ Hemolyzed
◯ Turbid
◯ Lipemic
◯ Icteric

Record any comments about the venipuncture.

_____

Lung function - Lung volume (PhenX protocol PX0810401 unless stated otherwise)

Which of the following ways is the measurement for vital capacity taken?

- ◯ inspiratory vital capacity (IVC) - measurement is performed in a relaxed manner without undue haste or deliberately holding back, from a position of full expiration to full inhalation
- ◯ expiratory vital capacity (EVC) - measurement is similarly performed from a position of full inspiration to full expiration
- ◯ forced vital capacity (FVC) - volume of gas that is exhaled during a forced expiration, starting from a position of full inspiration and ending at complete expiration

Has the subject suffered from myocardial infarction within the last month?

- ◯ Yes
- ◯ No

What is the current ambient temperature?

_____
(Fahrenheit)

What is the current barometric pressure?

_____
(mmHg)

What is the current time?

_____

Lung Function: Personnel Skill-set

	Yes	No
Do personnel have the sufficient education (2 years college education) and training to understand the fundamentals of the test, know the common signs of pulmonary disease, and be able to manage acquired pulmonary function data?	○	○
For personnel directly involved in pulmonary function testing, do they have formal training emphasis in health-related sciences (such as nursing, medical assistant, respiratory therapy, etc)?	○	○
For personnel directly involved in pulmonary function testing, have they established competency in pulmonary function testing? (familiarity with theory and practical aspects of all commonly applied techniques, measurements, calibrations, hygiene, quality control, basic knowledge in lung physiology and pathology)	○	○
Has personnel passed a written and practical examination in the presence of an experienced instructor?	○	○
If it has been more than 3 years since his/her last competency exam or if lung function standards have been recently updated, have personnel taken a spirometry refresher training course?	○	○

Are personnel maintaining a notebook of recoreds including but not limited to: calibration procedures, test-performance procedures, calculations, criteria, reference values source, and action to be taken when 'panic' values are observed?	◯	◯

Arterial blood gas - ABG (PhenX protocol PX090201 unless stated otherwise)

Time at Blood Draw

_____

Patient's Position

_____

Patient's Activity Level

_____

Sample Site

_____

Inspired Oxygen Concentration

_____

Hydrogen Ion Activity (pH)

_____

Bronchodilator responsiveness - BDR (PhenX protocol PX090301 unless stated otherwise)

Spirometry Contraindicated ◯ yes ◯ no

Reason for Contraindication

_____

What is the time of examination?

_____

What is the facility identification number?

_____

Does the patient need a chest radiograph to be in compliance with government regulations?
◯ Yes
◯ No

Is the image being processed and reviewed by the qualified professional? Is the image being procesed automated by the proprietary software?
◯ Yes
◯ No

Is each film/image permanently marked with the facility identification, patient's name, identification number, right or left side indication, patient position, and the date and time of the radiographic exposure?
◯ Yes
◯ No

When the examination is completed, were the images reviewed by qualified personnel, either a physician or radiologic	◯ Yes ◯ No
Were the images of less than optimal diagnostic quality?	◯ Yes (repeat procedure) ◯ No
Does the medical physicist have certification in therapeutic medical physics, diagnostic medical physics, radiological physics, diagnostic radiological physics, and diagnostic imaging physics?	◯ Yes ◯ No
If no to previous question, is the medical physicist certified in any other subfield recommended by the American Board of Radiology (ABR), the Canadian College of Physics in Medicine, or by the American Board of Medical Physics (ABMP)?	◯ Yes ◯ No
What is the patient's age?	_____
Is the patient critically ill or medically unstable?	◯ Yes ◯ No
Is it difficult to transport the patient for standard chest radiography because of his/her age or clinical condition?	◯ Yes ◯ No
Is the patient connected to monitoring and/or life-support devices?	◯ Yes ◯ No
Is the patient pregnant or potentially pregnant?	◯ Yes ◯ No ◯ Unsure
What is the result of the pregnancy test?	◯ Positive ◯ Negative ◯ Unsure
What is the gestational age of the patient?	_____
Is the licensed physician certified in Radiology or Diagnostic Radiology by the American Board of Radiology, the American Osteopathic Board of Radiology, the Royal College of Physicians and Surgeons of Canada, or the College des Medicins du Quebec?	◯ Yes ◯ No

If no to previous question, has the licensed physician completed a diagnostic radiology residency program approved by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada (RCPSC), the College des Medecins du Quebec, or the American Osteopathic Association (AOA) to include radiographic training on all body areas and documentation of a minimum of 6 months of formal dedicated training in the interpretation and formal reporting of general imaging, for patients of all ages?	◯ Yes ◯ No
Does the licensed physician have documented training in and understanding of the physics of diagnostic radiography and have experience with the equipment needed to safely produce the images?	◯ Yes ◯ No
Is the licensed physician familiar with the principles of radiation protection, the hazards of radiation, and radiation monitoring requirements?	◯ Yes ◯ No
Does the licensed physician have documented training and understanding of other medical imaging modalities (fluoroscopy, computed tomography, ultrasound, magnetic resonance imaging, nuclear medicine, etc) and their value relative to general radiography in order to determine the best imaging examination to evaluate the patient's clinical symptoms?	◯ Yes ◯ No
Has the licensed physician performing these general radiography examinations demonstrated evidence of continued competence in the interpretation and reporting of these examinations?	◯ Yes ◯ No
Does the physician meet the last 5 requirements? If no, then physician is not qualified to perform general radiography examinations.	◯ Yes ◯ No
Does the patient require a preoperative radiographic evaluation due to cardiac or respiratory symptoms or because there is a significant potential for thoracic pathology that may influence anesthesia or the surgical result or lead to increased perioperative morbidity or mortality?	◯ Yes ◯ No
Which of the following best describes the individual responsible for interpeting and supervising the generation of these radiographic images?	◯ Physician ◯ Qualified Medical Physicist ◯ Registered Radiologist Assistant ◯ Radiologic Technologist ◯ None of the above
If sexually active, were any contraceptive methods used?	◯ Yes ◯ No
Was the patient sexually active after her last menstrual cycle?	◯ Yes ◯ No

Medications taken before the test (name)

_____

Medications taken before the test (dose)

_____

Medications taken before the test (time)

_____

Supplemental oxygen during the test

◯ Yes
◯ No

Supplemental oxygen during the test flow

_____
(L/min)

Supplemental oxygen during the test type

_____

Baseline Time

_____

Baseline Heart Rate

_____

Baseline Dyspnea (from the modified Borg scale)

◯ Nothing at all
◯ Very, very slight (just noticeable)
◯ Very slight
◯ Slight
◯ Moderate
◯ Somewhat severe
◯ Severe
◯ 6
◯ Very severe
◯ 8
◯ Very, very severe (almost maximal)
◯ Maximal

Baseline Oxygen Saturation (SpO2)

_____
(percent)

End of Test Oxygen Saturation (SpO2)

_____
(percent)

Stopped or paused before 6 minutes?

◯ Yes
◯ No

Reason stopped or paused before 6 minutes

_____

Other symptoms at end of exercise

◯ Angina
◯ Dizziness
◯ Hip, Leg or Calf Pain

Number of laps

_____

Final partial lap distance

_____

Total distance walked in 6 minutes (Number of laps X 60 meters + Final partial lap distance)

_____

Predicted distance

_____

Percent predicted

_____

Technicians Comments

_____

Interpretation (including comparison with a pre-intervention 6MWD)

_____

Heart valve function (PhenX protocol PX040501 unless stated otherwise)

Has a doctor ever told you that you had rheumatic heart disease or heart valve problems?

- ◯ Yes
- ◯ No
- ◯ Don't Know

Date of Electrocardiogram (ECG) Examination (mm/dd/yyyy).

_____

Electrocardiogram Trace/Image ID.

_____

Pulse oximetry - rest (PhenX protocol PX091101 unless stated otherwise)

Saturation of oxyhemoglobin (SpO2)

_____

Arterial oxyhemoglobin saturation (SaO2)

_____

Pulse oximetry - exercise (PhenX protocol PX091001 unless stated otherwise)

Medication Name 1

_____

Medication Dose 1

_____

Time and date last taken

_____

Time and date last taken

_____

Medication Name 2

Medication Dose 2

Time and date last taken

Time and date last taken

Medication Name 3

Medication Dose 3

Time and date last taken

Time and date last taken

Clinical or Research Indication for Test

Contraindications for test

◯ Yes
◯ No

Saturation of oxyhemoglobin (SpO2)

Arterial oxyhemoglobin saturation (SaO2)

Respiratory rate - Adult protocol (PhenX protocol PX091403 unless stated otherwise)

Number of respiratory cycles in one minute

Respiratory depth comments (shallow, normal, deep)

Breathing pattern comments (rhythm)

Breathing depth comments (shallow, normal, deep)

Respiratory rate - Child protocol (PhenX protocol PX091402 unless stated otherwise)

Number of respiratory cycles in one minute

_____

Respiratory depth comments

_____

Breathing pattern comments

_____

Breathing depth comments

_____

Respiratory rate - Infant protocol (PhenX protocol PX091401 unless stated otherwise)

Date of Measurement

_____

Infant awake

◯ Yes
◯ No

Number of respiratory cycles in one minute

_____

**Spirometry (PhenX protocol PX091601 unless stated otherwise:
SP followed by E=expiratory or I=Inspiratory, followed by S=single or B=best curve)**

Data type

◯ SP E S
◯ SP I S
◯ SP E B
◯ SP I B

Barometric pressure

_____
(mmHg)

Temperature (C) used in BTPS calculation

_____
(Degree Celsius)

Relative humidity (%)

_____
(percent)

FVC quality attribute

◯ A
◯ B
◯ C
◯ D
◯ F

FEV1 quality attribute	◯ A ◯ B ◯ C ◯ D ◯ F
Effort attribute	◯ A ◯ B ◯ C ◯ D ◯ F
Deleted manoeuvre	◯ Yes ◯ No
Acceptable manoeuvre	◯ Yes ◯ No
Technician quality control code	◯ A ◯ B ◯ C ◯ D ◯ F
Computer quality code	◯ A ◯ B ◯ C ◯ D ◯ F
Plateau achieved	◯ Yes ◯ No
Review	◯ Needs review ◯ Was reviewed
Date of review	_____
Reviewer initials	_____
BTPS factor	_____
Spirometer manufacturer	_____
Spirometer model	_____
Spirometer serial number	_____
Spirometer type	_____

Testing facility name	_____
City	_____
E-mail	_____
Phone number	_____
Calibration date	_____
Calibration time	_____
Calibration result	◯ Passed ◯ Failed
Date	_____
Time	_____
Technician ID	_____
Manoeuvre number	_____
Reference values source (first author surname and date of publication, e.g.''Knudson 1983'')	_____
Reference values correction factor	_____
Testing position	◯ standing ◯ sitting ◯ supine
Test type	◯ pre-bronchodilator ◯ post-bronchodialtor
Methacholine Concentration	_____
Methacholine dose	_____
FVC	_____ (mL)

Extrapolated volume

_____ (mL)

FEV1

_____ (mL)

FEV6

_____ (mL)

PEF

_____ (mL /s)

FEF25-75%

_____ (mL /s)

VC

_____ (mL)

Forced expiratory time

_____ (second)

Time to PEF

_____ (ms)

Predicted FVC

_____ (mL)

Predicted FEV1

_____ (mL)

Predicted FEV6

_____ (mL)

Predicted FEV1/FVC%

_____ (percent)

Predicted FEV1/FEV6%

_____ (percent)

Comments text

_____ (PX091601)

Original sampling interval	_____ (ms)
Blank 1 or FEF25%	_____
Blank 2 or FEF50%	_____
Blank 3 or FEF75%	_____
Blank 4 or FEF90%	_____
Blank 5	_____
Blank 6	_____
Blank 7	_____
Blank 8	_____
Blank 9	_____
Blank 10	_____
Number of data points	_____
Flow data points (mL/s)	_____

Pulmonary embolism

Has a doctor ever told you that you had pulmonary embolus or blood clots in your lungs?	◯ Yes ◯ No ◯ Don't Know (PX041301)
Pulmonary embolism (PE) requiring hospitalization	◯ Yes ◯ No (PX041301)
Date of Diagnosis (mm/dd/yyyy)	_____ (PX041301)

Diagnosis (Mark the one category that applies best.)	◯ Pulmonary embolism not resulting from a procedure within 60 days ◯ Pulmonary embolism during or following a procedure within 60 days (PX041301)
Diagnosis of pulmonary embolism is based on (Mark all that apply.)	☐ Hospital discharge summary with a diagnosis of pulmonary embolism ☐ High probability on ventilation-perfusion lung scan (exclude moderate, intermediate, or low probability on ventilation-perfusion lung scan) ☐ Positive findings on pulmonary angiogram or spiral CAT scan (CT) ☐ Diagnosis of deep vein thrombosis (DVT) based on ? 1 deep vein thrombosis (DVT) criteria in question 1.3 (link to Form 126 in Source section below) plus signs and symptoms suggestive of pulmonary embolism (PE) (e.g., acute chest pain, dyspnea, tachypnea, hypoxemia, tachycardia, or chest x-ray findings suggestive of pulmonary embolism) ☐ Other, including autopsy (PX041301)

Phenotype: Hemoglobin Characterisation (PhenX protocol PX0830301 unless stated otherwise)

What is the make of the equipment used?	_____
Who is the manufacturer of the equipment used?	_____
Describe the repeatability of the assay	_____
Was the blood drawn into an appropriate EDTA tube?	◯ Yes ◯ No