  

**ECFS CTN LCI qualification submission form**

Please complete the following pro forma for each patient/set of traces submitted as part of the ECFS CTN MBNW Exhalyzer D qualification.

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| **Site:** | | | **Operator:** |
| **Adults/Paediatrics/Both** | | | **Patient study ID\*:** |
|  | | | |
| **Age:** | **Female:** | **Male:** | **Healthy control: Cystic Fibrosis:**  **Other (please specify)** |
| **Height:** | | |
| **Weight:** | | |
| **We will shortly be participating in a clinical trial Y/N**  **If so when:**  **Which trial?** | | | **FEV1 (L): FVC (L) FEV1 %Pred:** |
|  | | | |
| **NB: Please save all tests as drafts.**  **Trials must have at least 5 tidal breaths in the prewashout and at least 5 breaths after the end target is met** | | | |
|  | | | |
| **Comments\*\*:**  **e.g. anything we should be aware of during the test** | | | |
|  | | | |

\* Patient file name – should be coded. Please refer to MBW file name document

\*\* Comments to include concerns with the trace i.e. coughing, leaks etc. NB can submit 4 traces if concerns over a trace being excluded from analysis.

**Please email the traces and this submission form to Jordan Tuyindi email:lci-** [**over-reading@imperial.ac.uk**](mailto:over-reading@imperial.ac.uk)