 

**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. Your email address and full name will be recorded on our certification database and shared with the Clinical Trial Network (CTN) unless you request otherwise.

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| --- | --- | --- | --- |
|  | | | |
| **Site:** | | | **Operator:**  **Role:** |
| **Software version the test was performed in:** | | | **When was training completed?**  (state the date and whether this was face-to-face or virtual) |
| **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.** | | | |
|  | | | |
| **Comments\*\*:**  **e.g. anything we should be aware of during the test** | | | |
|  | | | |

\* Patient file name – should be coded. DO NOT SEND ANY PATIENT DETAILS

**Please email the traces and this submission form to Mary Abkir and Tatenda Nyatoro:** [**LCICore@rbht.nhs.uk**](mailto:LCICore@rbht.nhs.uk)