



PVDOMICS STUDY

Historical Pulmonary Function Testing Form #271

Instructions: This form is completed only if a historical set of PFT results is used. Historical test data (within 1 year) from a PVDOMICS study site is acceptable in the event there has been no change in clinical status, or is acceptable (within 1 year) if no lung disease is evident upon completion of careful history and physical and HRCT. Tracing/printouts from these historical tests should be submitted to the DCC. If tracings are not available allowing for quality control, PFTs will need to be repeated for the purpose of the study.

Do not complete this form if a new set of PFTs will be completed for the PVDOMICS study.

Note: This form is designed similarly to Form 270. Please provide as much information as possible from review of PFT completed prior to enrolling in the PVDOMICS Study. The database will allow most questions to be skipped over if information is not available.

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1. Identification Number

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2. Alphacode.

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3. Date of historical PFT: mm/dd/yyyy

4. Time of day (24-hour clock) (hh:mm):.....

5. Participant height (measured)(cm)

6. Participant weight (measured)(kg)

7. a. Is the PFT Tech name known (0=No, 1=Yes)

b. If yes, username of PFT Tech who performed test

(Note: Username of CT Tech is the first 6 letters of last name and first initial of first name)

Name of CT Tech who performed test _____
(will not be entered into the database)

8. a. Ambient temperature (°C)..... .

b. Barometric pressure (mmHg)..... .

c. Conversion factor (ATPS to BTPS)..... .

A copy of the daily 3L syringe calibration should be made available if requested by PFT Core.

9. Was hemoglobin measured within 2 weeks of PFTs? (0=No, 1=Yes).....

Report hemoglobin value in Q15d if single breath DLCO is done.

SPIROMETRY

10. Was spirometry done?

0=No, skip to Q22

1=Yes, pre-bronchodilator (bd) only, go to Q11

2=Yes, post-bronchodilator only, go to Q11

3=Yes, both pre-bd and post-bd done, go to Q11

11. a. Participant position (1=Sitting-[*expected*], 2=Standing)..... _____

b. Resting (sitting) heart rate: (bpm) _____

PRE-BRONCHODILATOR (BD) SPIROMETRY: (Record the three BEST of up to eight efforts)

	<u>TEST 1</u>	<u>TEST 2</u>	<u>TEST 3</u>
12. a. FVC (L) (BTPS).....	____.____	____.____	____.____
b. FEV ₁ (BTPS)	____.____	____.____	____.____
c. FEV ₁ /FVC (%).....	____.____	____.____	____.____
d. Forced expiratory flow (FEF 25-75) (L/S) ...	____.____	____.____	____.____
e. Peak Flow (L/S)	____.____	____.____	____.____
f. Forced expiratory time (FET)	____.____	____.____	____.____
g. If all three tests are not recorded here, state reason _____			

h. Are flow volume-loop tracings x 3 attached? (0=No, 1=Yes) _____

i. Are flow volume-time loop tracings x 3 attached? (0=No, 1=Yes) _____

POST-BRONCHODILATOR SPIROMETRY (Record the three BEST of up to eight efforts)

13. Number of minutes spirometry done post-bronchodilator treatment _____

a. Type of bronchodilator used (1=Albuterol, 2=Levosalbutamol, 3=Other, spec. _____).... _____

b. Method of inhalation (1=MDI, 2=Nebulized, 3=Other (Specify): _____) _____

	<u>TEST 1</u>	<u>TEST 2</u>	<u>TEST 3</u>
c. FVC (L) (BTPS).....	____.____	____.____	____.____
d. FEV ₁ (BTPS)	____.____	____.____	____.____
e. FEV ₁ /FVC (%).....	____.____	____.____	____.____
f. Forced expiratory flow (FEF 25-75) (L/S).....	____.____	____.____	____.____
g. Peak Flow (L/S)	____.____	____.____	____.____
h. Forced expiratory time (FET).....	____.____	____.____	____.____

i. If all three tests are not recorded here, state reason _____

j. Are flow-volume loop tracings x 3 attached? (0=No, 1=Yes) _____

k. Are volume-time tracings x 3 attached? (0=No, 1=Yes)..... _____

LUNG COMPARTMENTS

14. Were plethysmography (body box) tests done? _____

0=No, skip to Q15

2=Yes, post-bronchodilator only

1=Yes, pre-bronchodilator (bd) only

3=Yes, both pre-bd and post-bd done

Please attach all available numeric and graphic data relating to lung compartments and DLCO. Columns for both pre- and post-bronchodilators are provided if the tests are done at all. If either pre- OR post- is done, simply complete the applicable column and mark the other column "not done".

**BODY (BOX)
PLETHYSMOGRAPHY****PRE-
BRONCHODILATOR****POST-
BRONCHODILATOR**

a. Participant position (1=Sit [expected], 2=Stand) ____

b. FRC (L) (BTPS) ____ . ____

____ . ____

c. ERV (L) ____ . ____

____ . ____

d. RV (box) ____ . ____

____ . ____

e. SVC (L) ____ . ____

____ . ____

f. IC (L) ____ . ____

____ . ____

g. TGV (box) ____ . ____

____ . ____

h. TLC (box) ____ . ____

____ . ____

i. Are all box and mouth pressure tracings/printouts attached? (0=No, 1=Yes) ____

j. Are all volume-time curves/printouts attached? (0=No, 1=Yes) ____

SINGLE BREATH DLCO

15. Were Single Breath DLCO tests done? (0=No, skip to Q100, 1=Yes) ____

To be measured twice at least four minutes apart. Submit uncorrected values only.**TEST 1****TEST 2**

a. Participant position (1=Sit [expected], 2=Stand) ____

b. When was test performed? (1=Pre-BD, 2=Post-BD) ____

DLCO measurements are recorded on next page

SINGLE BREATH DLCO, continued

For the following: Indicate two individual values if available OR, if not, indicate average value from printout.

	VALUE 1	VALUE 2		AVERAGE OF 2 TESTS
c. DLCO (mlCO/min/mmHg).....	____.____	____.____	OR	____.____
d. Hemoglobin (g/dl))	____.____			
e. DL/VA (mlCO/min/mmHg/L) (BTPS) ..	____.____	____.____	OR	____.____
f. VA (alveolar volume).....	____.____	____.____	OR	____.____
g. Vin (inspired volume).....	____.____	____.____	OR	____.____

h. Are DLCO volume-time tracings attached? (0=No, 1=Yes)

i. Are gas analysis curves attached? (0=No, 1=Yes)

Comments _____

100. Date de-identified tracings transferred to DCC (mm/dd/yyyy)

200. Date form completed (mm/dd/yyyy)

201. Username of person completing/reviewing completeness of this form.....

Clinical Center Use Only

Date form entered (mm/dd/yyyy) ____/____/____

Username of person entering this form _____
