

CASE REPORT FORM**Idiopathic Pulmonary Fibrosis Job Exposure Study (IPF JES)****Name of Principal Investigator:** _____

1. Centre _____
2. Case or Control (circle one)
3. Local hospital number _____
4. Participant study ID _____
5. Participant date of birth (DD/MM/YYYY) _____
6. Participant ethnicity (circle one)
White, Black or Black British, Mixed, Chinese, Asian or Asian British, Other ethnic group (please specify) _____
7. Participant contact number(s) _____

8. CT findings (circle one)
no CT, definite UIP, possible UIP, other (describe) _____

9. Biopsy findings (circle one)
no biopsy, definite UIP, possible UIP, other (describe) _____

10. GP Name and Address

11. I confirm that informed consent has been obtained (circle one)
yes, no

Name of person completing
form (if different from Princi-
pal Investigator)_____
Signature_____
Date_____
Principal Investigator_____
Signature_____
Date