

**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