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
    _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Name of person completing form (if different from Principal Investigator)	Signature	Date
Principal Investigator	Signature	Date