|  |
| --- |
| Name or ID |

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_\_\_\_

**Spirometry** O no O yes  **Comment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

FEV1 (l) \_\_\_\_\_ FEV1 (%) \_\_\_\_\_ Post Bronchodilator FEV1 (%) \_\_\_\_\_ FEV0,75 (l) \_\_\_\_\_ FEV0,75(%) \_\_\_\_\_ FEF25-75 (l/s) \_\_\_\_\_ FEF25-75 (%) \_\_\_\_\_ TLC (ml) \_\_\_\_\_ TLC (%) \_\_\_\_\_ RV (ml) \_\_\_\_\_

RV (%) \_\_\_\_\_ FRC (ml) \_\_\_\_\_ FRC (%) \_\_\_\_\_ RV/TLC (%) \_\_\_\_\_

**Gas transfer** O no O yes  **Comment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DLCO (ml/min/mmHg) \_\_\_\_\_ DLCO (%) \_\_\_\_\_

**Multiple breath washout:** \_\_\_\_\_\_yes/ no **Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Lung clearance index \_\_\_\_\_

**Blood gas** O no O yes  **Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Arterial/capillary/ venous blood gases \_\_\_\_\_\_\_\_\_\_\_\_\_

PaO2 (mmHg): \_\_\_\_\_ PaCO2 (mmHg) \_\_\_\_\_ DA-a (mmHg) \_\_\_\_\_

**6 min walk test:** O no O yes  **Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Distance (m) \_\_\_\_\_

at rest immediately after exercise

Oxygen-Saturation \_\_\_\_\_ % \_\_\_\_\_ %

Heart rate \_\_\_\_\_/min \_\_\_\_\_ /min

Borg-Scale1 \_\_\_\_\_ (1-10) \_\_\_\_\_ (1-10)

**Echocardiography** O no O yes  **Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Pulmonary Hypertension O no O yes Estimated mean pulmonary artery pressure (mmHg): \_\_\_\_\_\_\_

**Chest X-ray:** O no O yes  **Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| PatientO no O yes  Mother O no O yes  Father O no O yes |

**HRCT-scan:** O no O yes  **Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Blood sampled (EDTA and PAX) for Biobank**

**Other Examinations**