

PART I: IDENTIFYING INFORMATION

1. Patient's ID Number: **ID**
2. Current Clinic: **SITE**
3. Patient's Letter Code: **INITS**
4. Visit: **VISIT** sequence #

M -

SEQNO
5. Visit Start Date: **VISIT_DT**

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Month Day Year

PART II: SCHEDULED TESTING

1. A. O₂ saturation (pulse oxymetry)

 % **O2SAT** (1) N/D*
O2SATND
- B. Second measurement

 % **O2SATSM** (1) N/D*
O2SATSND
- Yes No
- *2. If not measured, has Form 80 been submitted? (1) (2) **F80I12**

PART III. COORDINATION:

1. Checked for completeness and accuracy:
- A. Certification number:
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 CERT_NO
- B. Signature: _____ **CERT_SIG**
- C. General Comments: **GEN_CMNT**