Celig

Date of Visit	
	(mm-dd-yyyy)
Physician Date:	
	(mm-dd-yyyy)
Physician Cert#:	
Inclusion Criteria	
1. Is the participant at least 8 years of age, but no greater than 12 years of age?	YesNo(If no, Ineligible)
Enter Date of Birth	
	((dd-MMM-yyyy))
2. Has Informed Consent and Assent (if applicable) been signed?	YesNo(If no, Ineligible)
Enter date of Informed Consent	
	(mm-dd-yyyy)
3. Is participant willing to be studied initially and again in 1 year?	YesNo(If no, Ineligible)
Exclusion Criteria	
(If Yes, Ineligible)	
4. Does the participant have a diagnosis of Sickle Cell Disease or S Beta Thalassemia Zero verified by Hemoglobin Analysis? Will be performed at study enrollment (If Yes, Ineligible)	
○ Yes ○ No	
Enter Date of Hemoglobin Analysis (dd-MMM-yyyy)	
	(mm-dd-yyyy)
5. Was the participant born < 34 weeks gestation?	YesNo(If Yes, Ineligible)

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6. Does the participant have a history of neonatal lung disease?	YesNo(If Yes, Ineligible)
7. Does the participant have a known diagnosis of chronic lung disease e.g. Asthma, Cystic Fibrosis, Sarcoidosis? (If Yes, Ineligible)	
○ Yes ○ No	
8. Does the participant have a diagnosis of heart disease that may result in surgical repair or catheter intervention? This diagnosis must be made after a formal consult with a cardiologist. (If Yes, Ineligible)	
○ Yes ○ No	

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