



Participant ID:

Participant Initials:

Site:

RC ID:

CRF Date:

PREGNANCY TEST

1. Was a pregnancy test performed?

☐ Yes

☐ No

a. Was the pregnancy test positive or negative?
(positive indicates participant is pregnant)

☐ Positive

☐ Negative

b. Has the participant been informed of the results?

☐ Yes

☐ No

c. If positive pregnancy test, please refer to the
MEU Manual of Procedures (MOP) for
counseling guidance.

Comments for positive pregnancy (*Please
summarize counseling session, referrals, and
participant's reactions*):

2. If the pregnancy test was NOT performed, please
select a reason:

☐ Subject is male

☐ Postmenopausal

☐ History of hysterectomy

☐ Other (please specify): _____

If participant is pregnant they are unable to do the CT scan or the spirometry exams. Please mark the participant's itinerary as excluded for these modules.