



TASMANIAN HEALTH STUDY: LABORATORY PHASE

LAB BOOKLET

TASMANIAN TESTING CENTRES

Research Investigators:

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- Professor E. Haydn Walters, University of Tasmania
- Professor Michael Abramson, Monash University
- Associate Professor David Johns, The University of Tasmania
- Professor John Hopper, The University of Melbourne
- Dr Mark Jenkins, The University of Melbourne
- Dr Geza Benke, Monash University

Participant ID:

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Appointment date:

<i>day</i>	<i>month</i>	<i>year</i>

Participant initials:

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Centre number:

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Participant DOB:

<i>day</i>	<i>month</i>	<i>year</i>

Scientist initials:

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Sample number:

2

PARTICIPANT CONTACT DETAILS

Participant ID:

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Please record your full name and contact details below:

Full name:			
Street address:			
Suburb:	State:	Postcode:	
Home phone:			
Work phone:			
Mobile phone:			
Email address:			

A lot of money and staff time goes into just trying to locate participants for follow-up research studies. It would be appreciated if you could provide the name and contact details of one person who is not part of your immediate family and who will know your whereabouts in future years (and lives at a different address to you). We would only contact this person if another follow-up study is done in future and we can't locate you through other means. These details will be kept confidential.

Person's name:			
Relationship:			
Street address:			
Suburb:	State:	Postcode:	
Home phone:			
Work phone:			
Mobile phone:			

FAMILY CONTACT DETAILS

You are probably aware that in 1968 a short health survey was also done on your parents and brothers and sisters. We hope to receive funding in the future to do a follow-up postal survey on the health of these family members.

Can we contact you in future so that we can update your family's contact details?

<i>Yes</i>	<i>No</i>
<input type="checkbox"/>	<input type="checkbox"/>

We would use these details to send them a voluntary health survey. Providing your family's contact details does not commit them to take part in the survey- they can still choose whether they want to participate or not.

PARTICIPANT CONSENT FORM

Participant ID:

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Thank you for participating in this medical research project. Signing this form simply means that you have agreed to take part in all or some of the laboratory phase of the Tasmanian Health Study. It does not remove any of your rights as a research participant.

The testing will take about one and a half hours of your time and it involves:

1. completing a questionnaire about your respiratory health
2. provide information about your employment and residence history so we can examine your exposure to dust and fumes.
3. having a skin prick test to determine if you have any sensitivity to some common allergens
4. participating in 3 breathing tests (spirometry, a lung volume test and a gas transfer test); and
5. giving a blood sample of 30mls.

If you have any questions or concerns about these tests please discuss them with the scientist.

A report of the main results will be posted to all lab participants at the end of the study.

Scientist comments: _____

I have been informed that the general purpose of this medical research is to identify the risks for respiratory health problems in adults. The tests and any foreseeable effects of my participation have been explained to me.

I understand that my involvement in this research is voluntary and that I am free to withdraw at anytime without giving a reason. I know that I can also withdraw any information that I have previously supplied. I understand that by law my personal information and the results of my tests must be stored securely for at least 5 years and will be kept confidential within the limits of the law. My identity will not be revealed in the results as only group information will be used in publications.

I am aware that there is no direct benefit to me from being involved in this research except for the provision of information about sensitivity that I might have to the allergens and comment about the results of my breathing tests. I understand that with my consent this information can be sent to my own doctor. Information sent to my doctor will not be taken to provide a specific diagnosis of any condition or illness.

I agree to participate in all or part of this research testing.

Participant's name (printed): _____

Participant's signature: _____ Date: _____

Depending on the results of this research, we may wish to test the sensitivity of airways in some participants. Would you be willing to do another short breathing test in 2 to 3 years time, if you are selected?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

CONSENT TO PROVIDE TEST RESULTS TO YOUR DOCTOR

This section is only to be completed if the participant's results are to be sent to their doctor.

Participant ID:

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If the scientist feels it would be beneficial for you and if you agree by signing below, we can send your test results to your doctor. This may be recommended if you are found to have allergies or if your breathing tests are substantially below the predicted values.

We can also send your test results to your doctor to be added to your medical file at your request.

Signing below means you are providing consent for us to release your test result information to your doctor.

Participant name (printed): _____

Participant's signature: _____ Date: _____

Please provide your doctor's details below:

Your doctor's name: _____

The clinic name: _____

The clinic address: _____

Doctor's phone number: _____

SKIN PRICK TEST FORM

Participant ID:

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<i>-ve control</i>	<i>Dustmite</i>
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NEGATIVE CONTROL
1st diam 2nd diam

D.PTERONYSSINUS
1st diam 2nd diam

<i>Cat</i>	<i>Hormodendrum</i>
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CAT
1st diam 2nd diam

HORMODENDRUM
1st diam 2nd diam

<i>Alternaria</i>	<i>Penicillium</i>
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ALTERNARIA
1st diam 2nd diam

PENICILLIUM
1st diam 2nd diam

<i>Aspergillus</i>	<i>Rye grass</i>
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ASPERGILLUS
1st diam 2nd diam

RYE GRASS
1st diam 2nd diam

<i>Mixed grasses</i>	<i>+ve control</i>
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MIXED GRASSES
1st diam 2nd diam

POSITIVE CONTROL
1st diam 2nd diam

LUNG FUNCTION QUESTIONNAIRE

Participant ID:

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1. Participant's height

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 cm

2. Participant's weight

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 kg

3. Have you used a puffer or inhaler in the last 24 hours?

No Yes

If yes: 3.1 What inhaler(s) did you use and how many hours ago was the last dose taken?

Hours

Hours

4. Have you taken any medication for breathing (other than inhalers) in the last 24 hours?

No Yes

If yes: 4.1 Which medication(s) did you take and how many hours ago was the last dose taken?

Hours

Hours

5. Have you had a cigarette (or any other tobacco product) in the last 24 hours?

No Yes

If yes: 5.1 How many hours ago was your last smoke?

Hours

6. Have you taken an antihistamine (a medication for allergy including hay fever) or cough medicine in the last 72 hours?

No Yes

If yes: 6.1 What medicine(s) did you use and how many hours ago was the last dose taken?

Hours

Hours

7. Have you taken any medication for high blood pressure or a heart condition, or used eye drops to treat glaucoma in the last 72 hours?

No Yes

If yes: 7.1 Which medication(s) did you take and how many hours ago was the last dose taken?

Hours

Hours

8. Have you had a respiratory infection in the last 3 weeks?

No Yes

If yes: 8.1 How many days ago did it end?

Days

9. How many hours ago did you have your last meal?

Hours

10. If female: what was the date of your last menstrual period (first day of period)?

/	/	
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Tick if pregnant or have no periods

11. SPIROMETRY	Pre-BD	Post-BD
FEV ₁ (litres)	<input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> . <input type="text"/> <input type="text"/>
FVC (litres)	<input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> . <input type="text"/> <input type="text"/>
FEV ₁ /FVC (%)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
FEF _{25-75%} (litres/second)	<input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> . <input type="text"/> <input type="text"/>
PEF (litres/second)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
FEF _{50%} (litres/second)	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/> <input type="text"/>
FIF _{50%} (litres/second)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Shape of flow volume loop pre-BD only (to be assessed by DJ): _____		
12. SINGLE BREATH TLco (post-BD)	Post-BD	
TLco (ml/min/mmHg) (uncorrected)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
VA (litres)	<input type="text"/> . <input type="text"/> <input type="text"/>	
TLco/VA (ml/min/mmHg/litre)	<input type="text"/> . <input type="text"/> <input type="text"/>	
Inspiratory VC (litres)	<input type="text"/> . <input type="text"/> <input type="text"/>	
13. LUNG VOLUMES AND CAPACITIES (post-BD)	Post-BD	
TLC (litres)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
FRC (litres)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
RV (litres)	<input type="text"/> . <input type="text"/> <input type="text"/>	
VC (litres)	<input type="text"/> . <input type="text"/> <input type="text"/>	
IC (litres)	<input type="text"/> . <input type="text"/> <input type="text"/>	
RV/TLC (%)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
14. 29ML OF BLOOD TO BE COLLECTED		
1 st tube- ACD tube (yellow top), 2 nd tube- Serum tube (red top), 3 rd tube- EDTA tube (purple top)		
15. HB AND COHB	Post-BD	
Hb g/dl	<input type="text"/> <input type="text"/> . <input type="text"/>	
COHb % (or ppm for expired CO)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	

Additional comments: _____

CHECK LIST

Participant ID:

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- | | Yes | No | Comments: |
|--|--------------------------|--------------------------|-----------|
| 1. Has the <u>work history calendar & residence history form</u> been collected & checked? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Has the <u>family contact details form</u> been checked for completeness and collected? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Has the participant read the <u>plain language statement</u> and had the opportunity to discuss any concerns? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. Has the participant signed the <u>consent form</u> ? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Has the <u>skin prick test</u> been performed? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. Have the lung function tests been carried out? | | | _____ |
| <u>Pre- bronchodilator spirometry</u> ? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <u>Post- bronchodilator spirometry</u> ? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <u>TLco test</u> (post BD)? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <u>Lung volumes and capacities test</u> (post BD)? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Is the <u>lung function questionnaire</u> complete? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Have the lung function results been printed and attached to the lab booklet? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 7. Has the 29 ml blood sample been collected? | | | _____ |
| 1 st tube- <u>ACD</u> tube- yellow top (9ml)? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2 nd tube- <u>Serum</u> tube- red top (10ml)? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3 rd tube- <u>EDTA</u> tube- purple top (10ml)? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <u>Date and time</u> blood collected from participant: | / | / | am
pm |
| 8. Has the <u>haemoglobin</u> been measured and recorded on page 8? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 9. Has <u>carboxyhaemoglobin</u> been measured and recorded on page 8? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 10. Has Hb and CoHb been measured using venous blood or from a finger prick? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Venous Finger