

**PLEASE COMPLETE THIS BACKGROUND INFORMATION TO ACCOMPANY
YOUR CONSENT FORM TO PARTICIPATE IN THE BIOMARKER RESEARCH
INTENDED TO MEASURE METABOLITE OF ENGINE OIL ADDITIVES IN BLOOD**

1) Your name: _____ Email: _____

Today's date: _____ Airline (optional): _____

2) Is your blood sample connected to a specific and recent smoke/fume event? (circle one) Yes --- No

3) Have you been in one or more fume events in the past, to your knowledge? (circle one) Yes --- No

4) If you are reporting a specific and recent fume event, please answer the following questions:

Aircraft type: _____ Aircraft number: _____

Flight number: _____ from: _____ to: _____

Did you report the incident to the airline? (circle one) Yes --- No

Did the incident impact the flight schedule/route? (circle any that apply)

delay --- diversion --- emergency landing --- don't know --- other: _____

Are you aware of any other documentation about conditions on this flight? (circle any that apply)

pilot log book – maintenance records – media report – passenger complaints – other: _____

During what phase of flight did you notice the event? (circle as many as apply)

gate --- taxi --- takeoff --- ascent --- cruise --- descent – landing --- taxi

Did you notice an odor? (circle one) Yes --- No

If yes, describe: _____

Did you notice a smoke/fume/haze? (circle one) Yes --- No

If yes, describe: _____

Did you have symptoms in-flight? (circle one) Yes --- No

If yes, describe: _____

5) What is the name of the hospital/lab that drew your blood? _____

6) How many hours between the time of your exposure and your blood draw? _____

7) Did you seek medical attention after the flight? (circle one) Yes --- No

If yes, describe: _____

8) Did you have symptoms the day after the flight? (circle one) Yes --- No

If yes, describe: _____

9) Did you have symptoms beyond the day after the flight? (circle one) Yes --- No

If yes, describe _____

Thank you for providing this information. Please fill out both pages and return with your consent form.

