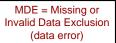
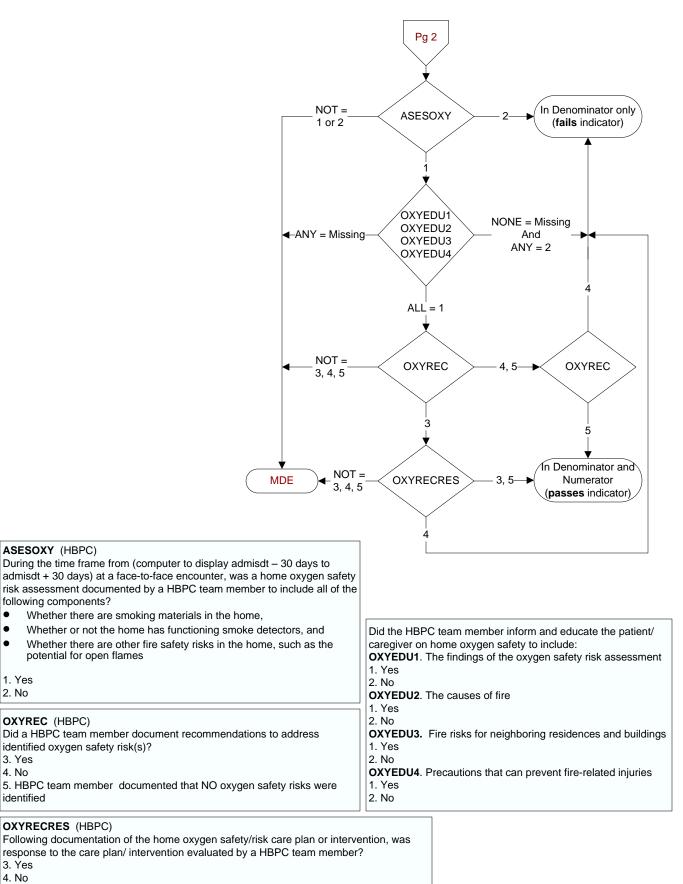


Pg 2





3. Yes 4. No

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1. Yes

2. No

3. Yes

4. No

5. No HBPC visit between home oxygen care plan/intervention and study end date