



ECP Registry Study Protocol: Extracorporeal Photopheresis for the Management of Progressive Bronchiolitis Obliterans Syndrome in Medicare-Eligible Recipients of Lung allografts

Electronic Data Capture Training - Attestation

I, _____ attest that as the PI/ Research Coordinator/Data Entry person for the ECP Registry, I have reviewed the Electronic Data Capture on-line training module for enrollment and data collection. I understand that I will be entering data for ECP Registry patients at the specified follow-up visits as identified in the study protocol.

Printed Name _____

Signature _____

Date _____

E-mail address _____

Clinical Center _____

Site Number _____