

**Extracorporeal Photopheresis (ECP) for the Management of Progressive Bronchiolitis
Obliterans Syndrome (BOS) in Medicare-Eligible Recipients of Lung Allografts**

HOSPITALIZATION - Case Report Form (CRF)

Hospitalization Form

Please include the following types of source documents:

1. Admission progress Note / Emergency Department Note / Acute Ambulatory Care Note / Acute Clinic Note
2. Discharge Summary

Source Document Type	Document Name	Submission Date
Select Source Document Type Admission progress Note / Emergency Department Note / Acute Ambulatory Care Note / Acute Clinic Note ▼		
Attach Source Document: Choose File No file chosen Upload		
Save Submit		

Admission Date or Emergency Department (ED) Date:

1. Admission or ED Diagnosis:

2. Discharge Date:

3. Discharge Diagnosis:

FOR CCC USE ONLY: Select Disease specific category:

1. Central Nervous System (CNS):

- ☐ A. TIA
- ☐ B. CVA
- ☐ C. Intracranial Hemorrhage
- ☐ D. Acute Neurologic Deficit

E. Other:

2. Myocardial:

- ☐ A. Acute Myocardial Ischemia
- ☐ B. Acute Myocardial Infarction
- ☐ C. Acute Tachy or bradyarrhythmia

D. Other:

3. Renal:

- ☐ A. Acute Renal Failure
- ☐ B. Chronic Renal Failure

C. Other:

4. Pulmonary:

- ☐ A. Acute Respiratory Failure
- ☐ B. BOS
- ☐ C. Acute Hypoxemia
- ☐ D. Pulmonary Infection

E. Other:

5. Hepatic

- ☐ A. Acute Hepatic Failure
- ☐ B. Acute Rise in Liver Enzymes

C. Other:

6. Diabetes Mellitus (DM)

- ☐ A. New Diagnosis of DM
- ☐ B. Acute DM Exacerbation

C. Other:

7. Hematologic (Dyscrasia that involves symptoms or requires treatment)

- ☐ A. Anemia
- ☐ B. Thrombocytopenia
- ☐ C. Leukopenia
- ☐ D. Leukocytosis

E. Other:

8. Infection

- ☐ A. Infection Requiring Treatment
- ☐ B. Infection Requiring Hospitalization
- ☐ C. Infection Requiring ICU Admission
- ☐ D. Sepsis

E. Other:

9. Other:

10. Comments:

CRF Version 7.0 (07/29/2017)