



## **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.

- ☐ Summary of ECP Registry Training V4 – Part 1
- ☐ ECP Baseline CRF Training
- ☐ ECP Enrollment and COE CRF Training V4 part 2
- ☐ ECP SAE Worksheet Training
- ☐ ECP Observation Patient

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

E-mail address \_\_\_\_\_

Clinical Center \_\_\_\_\_

Site Number \_\_\_\_\_