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

ECP TREATMENT VISIT - Case Report Form (CRF)

ECP Treatment Visit Form

Please include the following types of source documents:

1. Photopheresis Procedure Note/Report
2. CBC - Lab Report
3. Progress Note or Clinical Note describing complication (if applicable)

Source Document Type	Document Name	Submission Date

Select Source Document Type: Photopheresis Procedure Note/Report

Attach Source Document: Choose File No file chosen Upload

Save Submit

ECP Treatment Visit Date:

SECTION A. Pre-Treatment Assessment

1. Weight: kilograms
2. Blood pressure: systolic mmHg diastolic mmHg
3. Heart rate: beats per minute
4. Respiratory rate: breaths per minute
5. Oxygen saturation: %
6. Complete blood count (CBC) with differential on the day of ECP: Not Available

   Date of CBC:

   WBCs: (K/cumm)

   RBCs: (K/cumm)

   Hemoglobin: (g/dl)

   Hematocrit: (%)

   Platelets: (K/cumm)

   Neutrophils: (%)

   Lymphocytes: (%)

   Monocytes: (%)

   Eosinophils: (%)

   Basophils: (%)

7. Type of hemocytometer used to measure the CBC:

8. Is the patient currently receiving prednisone: ○ YES ○ NO

Current daily dose [ ] mg

SECTION B. Treatment Parameters

9. ECP type of machine used: ○ UVAR ○ CELLEX (Check only one that applies)

10. Enter the type of anticoagulant used for the procedure: ○ Citrate ○ Heparin ○ Other

11. If the UVAR machine was used, have at least five cycles or more been processed? ○ YES ○ NO ○ Not Applicable

Specify the number of cycles: [ ]

12. If the CELLEX machine was used, have at least 1500ml whole blood or more been processed? ○ YES ○ NO ○ Not Applicable

Specify the volume processed: [ ]

13. If the answer to Question 11 or 12 is NO, please describe the reason why:

[ ]

14. Type of venous access: ○ Central Venous Catheter ○ Peripheral IV ○ IVAD (Port)

15. Was the ECP treatment completed as planned? ○ YES ○ NO

If not, please indicate the reason why:

[ ]

16. Were there any complications? ○ YES ○ NO

If yes, please describe and complete Adverse Event CRF if applicable:

[ ]

17. Comments:

[ ]

Save Submit