

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
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Select Source Document Type

Attach Source Document:  No file chosen

**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: