

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

END OF STUDY - Case Report Form (CRF)

Please include the following types of source documents:

1. Clinical or Progress Note
2. Autopsy Report If Available

Source Document Type	Document Name	Submission Date
Select Source Document Type	Clinical or Progress Note	
Attach Source Document:	<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Upload"/>
<input type="button" value="Save"/>	<input type="button" value="Submit"/>	

Date of Termination from Study:

1. Reason for Termination from Study (check one):

- ☐ Normal termination, study protocol completed
- ☐ Early termination due to participant death
- ☐ Early termination due to participant withdrawal of consent
- ☐ Early termination for other reason

If other, specify:

2. Comments: