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

BASELINE THERAPY - Case Report Form (CRF)

Please include the following types of source documents:

1. Clinical Note or Medication Record Form

Source Document Type	Document Name	Submission Date

Select Source Document Type: Clinical Note or Medication Record Form

Attach Source Document: Browse... No file selected. Upload

Save Submit

Baseline Therapy Date:

1. Check all immunosuppressive drugs that are currently being used by the participant:

- YES NO **Tacrolimus**
- YES NO **Alemtuzumab**
- YES NO **Sirolimus (Rapamycin)**
- YES NO **Everolimus**
- YES NO **Azathioprine**
- YES NO **Cyclosporine A**
- YES NO **Methotrexate**
- YES NO **Macrolide Antibiotic, Azithromycin**
- YES NO **Mycophenolate Mofetil (Cellcept or Myfortic)**
- YES NO **Anti-Thymocyte Globulin - ATG (Thymoglobulin or Atgam)**
- YES NO **Total Lymphoid Irradiation**
- YES NO **Other Drug(s)**

If YES for Other Drug(s), please provide the drug name(s):

2. Is the patient taking prednisone? YES NO

If yes, enter daily dose: mg **(input range: 0-150)**

3. Is the participant taking an anticoagulant drug? ○ YES ○ NO

If yes, list drugs:

Name anticoagulant 1:

Name anticoagulant 2:

Name anticoagulant 3:

4. Is the participant taking an anti-platelet drug? ○ YES ○ NO

If yes, list drugs:

Name anti-platelet 1:

Name anti-platelet 2:

Name anti-platelet 3:

5. Comments:

Save Submit