

**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

Attach Source Document:  No file selected.

**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:**