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 T	уре	Document Name	Submission	Date	
elect Source Document	Type Clini	cal Note or Medication Re	ecord Form ▼		
ttach Source Documen	t: Choose	File No file chosen	Upload]	
Save Submit					
Baseline The	rapy Da	ate:			
1. Check all immu	unosuppre	ssive drugs that are <u>cı</u>	irrently being	used by the pa	articipant:
O YES O	NO 7	acrolimus			
O YES	NO F	Prednisone If yes	, enter daily do	se:	mg (input range: 0-150)
O YES	NO S	Sirolimus (Rapamycin))		
O YES	NO E	verolimus			
O YES	NO A	Azathioprine			
O YES O	NO (Cyclosporine A			
O YES	NO !	1ethotrexate			
O YES O	NO !	Macrolide Antibiotic, Az	rithromycin		
O YES O	NO !	Aycophenolate Mofetil	(Cellcept or My	fortic)	
O YES O	NO 1	otal Lymphoid Irradia	tion		
2. Is the participa	ant taking	an anticoagulant drug	? O YES	O NO	
If yes, list drug					
Name anticoag	ulant 1:				
Name anticoag	ulant 2:				
Name anticoag	ulant 3:				
3. Is the participa	ant taking	an anti-platelet drug?	O YES	O NO	
If yes, list drug					
Name anti-plat	elet 1:				
Name anti-plat	elet 2:				
Name anti-plat	elet 3:				
4. Comments: Save Submit					