

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

**PULMONARY FUNCTION TEST - Case Report Form (CRF)**

**Pulmonary Evaluation: 30 Day Assessment Form**

**Please include the following types of source documents:**

**1. Pulmonary Function Test Report**

Source Document Type	Document Name	Submission Date
Select Source Document Type	Pulmonary Function Test Report ▼	
Attach Source Document:	<input type="button" value="Browse..."/> No file selected.	<input type="button" value="Upload"/>
<input type="button" value="Save"/>	<input type="button" value="Submit"/>	

**Date of Pulmonary Function Test:**

**1. A. Resting oxygen saturation:**  %

**B. Is the participant receiving supplemental oxygen?** ☐ YES ☐ NO

**C. If yes, how much?**  **Select delivery method:**

**2. FEV1 (pre-bronchodilator):**  liters

**3. FVC (pre-bronchodilator):**  liters

**4. FEV1/FVC Ratio:**  %

**5. Comments:**