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

ECP TREATMENT VISIT - Case Report Form (CRF)

ECP Treatment Visit 1 Form

Please include the following types of source documents:

1. Photopheresis Procedure Note/Report
2. CBC - Lab Report
3. Pre-Procedure Assessment Form
4. Progress Note or Clinical Note describing complication (if applicable)
5. Source describing why whole blood processing not completed as required (if applicable)

Source Document Type	Document Name	Submission Date

Select Source Document Type: Photopheresis Procedure Note/Report

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

Save Submit

ECP Treatment Visit Date:

SECTION A. Pre-Treatment Assessment

1. Weight: kilograms
2. Blood pressure: systolic mmHg diastolic mmHg
3. Heart rate: beats per minute
4. Respiratory rate: breaths per minute
5. A. Resting oxygen saturation: %

   B. Is the participant receiving supplemental oxygen? YES NO

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

6. Complete blood count (CBC):
   - CBC Collected with Differential on the Day of ECP
   - CBC Collected with ECP Treatment Yesterday
   - CBC Missed (Please provide note to file.)
   - Differential missed (Please provide note to file.)

   Date of CBC:

   WBCs: (K/cumm)

   RBCs: (M/cumm)

   Hemoglobin: (g/dl)

   Hematocrit: (%)

   Platelets: (K/cumm)

Neutrophils: (%)

Lymphocytes: (%)

Monocytes: (%)

Eosinophils: (%)

Basophils: (%)

7. Type of hemocytometer used to measure the CBC:

8. Is the patient currently receiving prednisone: YES NO

Current daily dose mg

SECTION B. Treatment Parameters

9. ECP type of machine used: UVAR CELLEX (Check only one that applies)

10. Enter the type of anticoagulant used for the procedure: Citrate Heparin Other

11. If the UVAR machine was used, have three to five cycles or more been processed? YES NO Not Applicable

Specify the number of cycles:

12. If the CELLEX machine was used, have at least 1500ml whole blood or more been processed? YES NO Not Applicable

Specify the volume processed:

13. If the answer to Question 11 or 12 is NO, please describe the reason why and provide source above:

14. Type of venous access: Central Venous Catheter Peripheral IV IVAD (Port)

15. Was the ECP treatment completed as planned? YES NO

If not, please indicate the reason why:

16. Were there any complications? YES NO

If yes, please describe and complete Adverse Event CRF if applicable:

17. Comments:

Save Submit