

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

PULMONARY FUNCTION TESTING - Case Report Form (CRF)

Pulmonary Evaluation Form

Please include the following types of source documents:

1. Pulmonary Function Test Report

Source Document Type	Document Name	Submission Date
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Select Source Document Type

Attach Source Document:

Date of Pulmonary Function Testing:

1. Resting oxygen saturation: %

2. FEV1 (pre-bronchodilator): liters

3. FVC (pre-bronchodilator): liters

4. FEV1/FVC Ratio: %

5. Comments: