Consent Demographics

PROMISE Lung Study ID
{[record_id] text}

_____

Did the candidate meet all inclusion and no exclusion
criteria for the PROMISE Lung Study?

○ {1} Yes
○ {0} No

{[ie_criteria] radio Required}

Date of written informed consent

_____

{[consent_date] text (date_mdy) Required}
{Branching logic (show if): [ie_criteria] = '1'}

Candidate DOB

_____

{[cand_dob] text (date_mdy) Required}
{Branching logic (show if): [ie_criteria] = '1'}

Candidate sex

○ {1} Male
○ {2} Female

{[cand_sex] radio Required}
{Branching logic (show if): [ie_criteria] = '1'}

Candidate ethnicity

○ {1} Hispanic/Latino
○ {2} Not Hispanic/Latino
○ {98} Unknown

{[cand_eth] radio Required}
{Branching logic (show if): [ie_criteria] = '1'}

Candidate race

☐ {1} American Indian or Alaska Native
☐ {2} Asian
☐ {3} Black or African American
☐ {4} Native Hawaiian or Other Pacific Islander
☐ {5} White
☐ {98} Unknown
☐ {7} Other

{[race_cand] checkbox Required}
{Branching logic (show if): [ie_criteria] = '1'}

Other race

_____

{[oth_race] text Required}
{Branching logic (show if): [ie_criteria] = '1' and
[race_cand(7)] = '1'}

Candidate UNOS PX ID

_____

{[unos_cand_pxid] text (float) Required}
{Branching logic (show if): [ie_criteria] = '1'}

Is this participant also enrolled in a local Lung Transplant Consortium (LTC) U01 study?	○ {1} Yes ○ {2} No

{[ltc_u01_enrollment] radio Required}

Select LTC U01 study (or studies) that participant is enrolled in

{[ltc_u01_studies] checkbox Required}
{Branching logic (show if): [ltc_u01_enrollment] = '1'}

☐ {1} CATCH: Creating Access to Transplant for Candidates who are High Risk (Lead Center - Toronto; PI - Keshavjee)
☐ {2} Clinical & Molecular Impacts of PGD (Lead Center - Pittsburgh; PI - McDyer)
☐ {3} LTX Recipient Exosome Phenotypes and Risk of PGD & ALAD (Lead Center - Washington; PI - Mulligan)
☐ {4} Vaccination Responses in LTX Recipients (Lead Center - Stanford; PI - Nicolls)
☐ {5} Impact of Body Composition on Perioperative & Patient Centered Outcomes in LTX (Lead Center - UCSF; PI - Singer)
☐ {6} Clinical & Biological Factors Predicting LTX Textbook Outcomes (Lead Center - Duke; PI - Snyder)
☐ {7} Perioperative Factors that Drive Cell-Free Hemoglobin-Mediated PGD (Lead Center - Vanderbilt; PI - Ware)

CATCH Study ID

_____

{[study_id_catch] text Required}
{Branching logic (show if): [ltc_u01_enrollment] = '1' and [ltc_u01_studies(1)] = '1'}

Clinical & Molecular Impacts of PGD Study ID

_____

{[study_id_cmi_pgd] text Required}
{Branching logic (show if): [ltc_u01_enrollment] = '1' and [ltc_u01_studies(2)] = '1'}

LTX Recipient Exosome Phenotypes Study ID

_____

{[study_id_exosome] text Required}
{Branching logic (show if): [ltc_u01_enrollment] = '1' and [ltc_u01_studies(3)] = '1'}

Vaccination Responses in LTX Study ID

_____

{[study_id_vacc_ltx] text Required}
{Branching logic (show if): [ltc_u01_enrollment] = '1' and [ltc_u01_studies(4)] = '1'}

Body Composition in LTX Study ID

_____

{[study_id_body_comp] text Required}
{Branching logic (show if): [ltc_u01_enrollment] = '1' and [ltc_u01_studies(5)] = '1'}

Clinical/Biological Factors in LTX Textbook Outcomes
Study ID

_____

{[study_id_textbook] text Required}
{Branching logic (show if): [ltc_u01_enrollment] = '1'
and [ltc_u01_studies(6)] = '1'}

Perioperative Factors & Cell-Free Hemoglobin Study ID

_____

{[study_id_cf_hemoglobin] text Required}
{Branching logic (show if): [ltc_u01_enrollment] = '1'
and [ltc_u01_studies(7)] = '1'}

Patient Contact Information Worksheet

{[pciworksheet] file}

Pre Transplant

Candidate information

Native lung disease	◯ {1} Alpha 1-Antitrypsin Deficiency
	◯ {2} Bronchiectasis
	◯ {3} Bronchoalveolar Carcinoma
{[native_lung_disease] dropdown Required}	◯ {4} COPD/emphysema
	◯ {5} Congenital heart or lung condition
	◯ {6} Cystic Fibrosis
	◯ {7} Hypersensitivity Pneumonitis
	◯ {8} Idiopathic Pulmonary Fibrosis/Usual Interstitial Pneumonia
	◯ {9} Langerhans cell histiocytosis/eosinophilic granulomatosis
	◯ {10} Lymphangioleiomyomatosis
	◯ {11} Obliterative Bronchiolitis (non-retransplant)
	◯ {12} CLAD/BOS/RAS
	◯ {13} Pneumoconiosis, any type
	◯ {14} Pulmonary Alveolar Proteinosis
	◯ {15} Pulmonary Fibrosis associated with connective tissue/autoimmune/inflammatory disease
	◯ {16} Pulmonary Fibrosis, other
	◯ {17} Pulmonary Hypertension
	◯ {18} Pulmonary Vascular Occlusive Disease
	◯ {19} Sarcoidosis
	◯ {20} Other

Other lung disease, specify

_____

{[native_disease_other] text Required}
{Branching logic (show if): [native_lung_disease] = '20'}

Does the candidate have diabetes as defined by use of oral hypoglycemic medications or insulin?	◯ {1} Yes
	◯ {0} No

{[diabetes] radio Required}

Was a DEXA scan performed as part of the transplant evaluation process (or prior to referral)?	◯ {1} Yes
	◯ {0} No

{[dexa_yes_no] radio Required}

DEXA scan date known?	◯ {1} Yes
	◯ {0} No

{[dexa_date_yes_no] radio Required}
{Branching logic (show if): [dexa_yes_no] = '1'}

DEXA scan date

_____

{[dexa_date] text (date_mdy) Required}
{Branching logic (show if): [dexa_date_yes_no] = '1'}

Z-score for hip

_____

{[z_score_hip] text (float Min: -5 Max: 4)}
{Branching logic (show if): [dexa_yes_no] = '1'}

Z-score for spine

_____

{[z_score_ls] text (float Min: -5 Max: 4)}
{Branching logic (show if): [dexa_yes_no] = '1'}

T-score for hip

_____

{[t_score_hip] text (float Min: -10 Max: 4)}
{Branching logic (show if): [dexa_yes_no] = '1'}

T-score for spine

_____

{[t_score_ls] text (float Min: -10 Max: 4)}
{Branching logic (show if): [dexa_yes_no] = '1'}

Prior to referral for lung transplantation, does the candidate have a history of either of the following?

◯ {1} Yes
◯ {0} No
◯ {98} Unknown

 - Coronary artery bypass graft (CABG)
 - Percutaneous coronary intervention (PCI)
{[prior_cabg_pci] radio Required}

Was a left heart catheterization (LHC) performed as part of the lung transplant evaluation?

◯ {1} Yes
◯ {0} No

{[lhc_yes_no] radio Required}

LHC date

_____

{[lhc_date] text (date_mdy) Required}
{Branching logic (show if): [lhc_yes_no] = '1'}

What was the LHC interpretation?

◯ {1} Insignificant (< = 50% stenosis)
◯ {2} Significant (>50% stenosis) in one vessel
◯ {3} Significant (>50% stenosis) in multiple vessels

{[cad_lhc] radio Required}
{Branching logic (show if): [lhc_yes_no] = '1'}

Was a PCI performed based on the results of the LHC performed as part of the transplant evaluation?

◯ {1} Yes
◯ {0} No

{[cad_pci] radio Required}
{Branching logic (show if): [lhc_yes_no] = '1'}

PCI date

_____

{[pci_date] text (date_mdy) Required}
{Branching logic (show if): [cad_pci] = '1'}

Was a right heart catheterization (RHC) performed as part of the transplant evaluation?

◯ {1} Yes
◯ {0} No

{[rhc_yes_no] radio Required}

RHC date

_____

{[rhc_date] text (date_mdy) Required}
{Branching logic (show if): [rhc_yes_no] = '1'}

What was the mean pulmonary artery pressure (mPAP) in mmHg on RHC?

_____

{[mpap_rhc] text (integer Max: 100) Required}
{Branching logic (show if): [rhc_yes_no] = '1'}

Was a repeat RHC performed as part of the transplant evaluation?

◯ {1} Yes
◯ {0} No

{[repeat_rhc] radio Required}
{Branching logic (show if): [rhc_yes_no] = '1'}

Repeat RHC date

_____

{[repeat_rhc_date] text (date_mdy) Required}
{Branching logic (show if): [repeat_rhc] = '1'}

What was the mPAP in mmHg on repeat RHC?

_____

{[mpap_repeat_rhc] text (integer Max: 100) Required}
{Branching logic (show if): [repeat_rhc] = '1'}

Was telomere length measured by FlowFISH* assay?

*Note - this is the only clinically validated method. Other methods are research only and not clinically reported

◯ {1} Yes
◯ {0} No
◯ {98} Unknown

{[telomere_length_yes_no] radio Required}

Age-adjusted telomere length reported

☐ {1} Lymphocyte telomere length
☐ {2} Granulocyte telomere length

{[telomere_length_options] checkbox}
{Branching logic (show if): [telomere_length_yes_no] = '1'}

Lymphocyte percentile

{[lymph_percentile] radio}
{Branching logic (show if):
[telomere_length_options(1)] = '1'}

○ {1} < 1 percentile
○ {2} 1-10 percentile
○ {3} 10-50 percentile
○ {4} >50 percentile

Granulocyte percentile

{[gran_percentile] radio}
{Branching logic (show if):
[telomere_length_options(2)] = '1'}

○ {1} < 1 percentile
○ {2} 1-10 percentile
○ {3} 10-50 percentile
○ {4} >50 percentile

Was the candidate listed for transplant at your
center?

{[listed_yes_no] radio Required}

○ {1} Yes
○ {0} No

Please complete an early withdrawal form for this candidate who did not get listed at your center

{Branching logic (show if): [listed_yes_no] = '0'}

Waitlist Information

Waitlist date

_____

{[waitlist_date] text (date_mdy) Required}
{Branching logic (show if): [listed_yes_no] = '1'}

CAS subscore at listing

_____

{[cas_lower] text (float Max: 50) Required}
{Branching logic (show if): [listed_yes_no] = '1'}

Was the candidate on anticoagulation medication at the
time of listing?

{[anticoag_med] radio Required}
{Branching logic (show if): [listed_yes_no] = '1'}

○ {1} Yes
○ {0} No

What was the indication(s) for anticoagulation at the
time of listing?

{[anticoag_indication] checkbox Required}
{Branching logic (show if): [listed_yes_no] = '1' and
[anticoag_med] = '1'}

☐ {1} Prior venous thromboembolism
☐ {2} Atrial fibrillation
☐ {3} History of cardiac valve placement
☐ {4} Other cardiac indication
☐ {98} Unknown
☐ {6} Other

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Other indication

_____

{[oth_anticoag_ind] text Required}
{Branching logic (show if): [listed_yes_no] = '1' and
[anticoag_med] = '1' and [anticoag_indication(6)] =
'1'}

Was the candidate hospitalized at the time of listing? ◯ {1} Yes
◯ {0} No

{[inpatient_waitlist] radio Required}
{Branching logic (show if): [listed_yes_no] = '1'}

Candidate lung measurements

Transverse at diaphragm (cm)

_____

{[recip_trans_meas] text (float Min: 18 Max: 38)}
{Branching logic (show if): [listed_yes_no] = '1'}

Apex to dome of diaphragm left (cm)

_____

{[recip_apex_dome_l] text (float Min: 10 Max: 33)}
{Branching logic (show if): [listed_yes_no] = '1'}

Apex to dome of diaphragm right (cm)

_____

{[recip_apex_dome_r] text (float Min: 10 Max: 33)}
{Branching logic (show if): [listed_yes_no] = '1'}

Posterior-anterior left (cm)

_____

{[recip_pa_meas_l] text (float Min: 8 Max: 22)}
{Branching logic (show if): [listed_yes_no] = '1'}

Posterior-anterior right (cm)

_____

{[recip_pa_meas_r] text (float Min: 8 Max: 22)}
{Branching logic (show if): [listed_yes_no] = '1'}

Did the candidate undergo lung transplantation at your ◯ {1} Yes
center? ◯ {0} No

{[tx_yes_no] radio Required}
{Branching logic (show if): [listed_yes_no] = '1'}

Please complete an early withdrawal form for this candidate who did not undergo lung transplantation at your center

{Branching logic (show if): [listed_yes_no] = '1' and [tx_yes_no] = '0'}

Organ Offer/Pre-transplant Information

Was the candidate an inpatient at the time of organ offer ("go-call") for transplant?

○ {1} Yes
○ {0} No

{[inpatient_tx] radio Required}
{Branching logic (show if): [tx_yes_no] = '1'}

Was the candidate placed on the ventilator at any time during the pre-transplant hospitalization?

○ {1} Yes
○ {0} No

{[ventilator] radio Required}
{Branching logic (show if): [tx_yes_no] = '1' and [inpatient_tx] = '1'}

Start date of pre transplant mechanical ventilation

_____

{[pretx_vent_date] text (date_mdy) Required}
{Branching logic (show if): [tx_yes_no] = '1' and [inpatient_tx] = '1' and [ventilator] = '1'}

Was the candidate bridged to transplant using mechanical ventilation?

○ {1} Yes
○ {0} No

{[pretx_vent_bridge] radio Required}
{Branching logic (show if): [tx_yes_no] = '1' and [inpatient_tx] = '1' and [ventilator] = '1'}

Extubation date prior to transplant

_____

{[pretx_extubation] text (date_mdy) Required}
{Branching logic (show if): [tx_yes_no] = '1' and [inpatient_tx] = '1' and [ventilator] = '1' and [pretx_vent_bridge] = '0'}

Was ECMO initiated at any time during the pre-transplant hospitalization?

○ {1} Yes
○ {0} No

{[ecmo_pre] radio Required}
{Branching logic (show if): [tx_yes_no] = '1' and [inpatient_tx] = '1'}

Pre transplant ECMO type

☐ {1} VA
☐ {2} VV
☐ {3} V-AV
☐ {4} VV-A
☐ {98} Unknown

{[pre_ecmo_type] checkbox Required}
{Branching logic (show if): [tx_yes_no] = '1' and [inpatient_tx] = '1' and [ecmo_pre] = '1'}

Pre transplant ECMO initiation date

_____

{[pre_ecmo_date] text (date_mdy) Required}
{Branching logic (show if): [tx_yes_no] = '1' and [inpatient_tx] = '1' and [ecmo_pre] = '1'}

Was the candidate bridged to transplant using ECMO?   ◯ {1} Yes
◯ {0} No

{[pretx_ecmo_bridge] radio Required}
{Branching logic (show if): [tx_yes_no] = '1' and
[inpatient_tx] = '1' and [ecmo_pre] = '1'}

ECMO decannulation date prior to transplant

_____

{[pretx_ecmo_decan] text (date_mdy) Required}
{Branching logic (show if): [tx_yes_no] = '1' and
[inpatient_tx] = '1' and [ecmo_pre] = '1' and
[pretx_ecmo_bridge] = '0'}

Did the candidate undergo pulmonary rehabilitation or
physical therapy while awaiting transplant?   ◯ {1} Yes
◯ {0} No
◯ {98} Unknown

{[pretx_center_pr_yes_no] radio Required}
{Branching logic (show if): [tx_yes_no] = '1'}

Transplant Surgery

Transplant date

_____

{[tx_date] text (date_mdy) Required Identifier}

UNOS TRR ID

_____

{[unos_trr_id] text Required}

Final CAS at match

_____

{[cas_match] text (float Max: 100) Required}

Was a donor specific antibody (DSA) detected on the day of transplant according to the method performed at your center?

○ {1} Yes
○ {0} No

{[dsa_yes_no] radio Required}

Please ensure the DSA is entered when completing the Transplant Hospital Discharge Visit

{Branching logic (show if): [dsa_yes_no] = '1'}

Cell based cross match method used:

☐ {1} Flow cytometry
☐ {2} CDC (complement-dependent cytotoxicity)
☐ {3} Not performed

{[xm_method] checkbox Required}

Flow cross match result

☐ {1} Positive allo-T cell
☐ {2} Positive allo-B cell
☐ {3} Negative allo T cell
☐ {4} Negative allo B cell
☐ {5} Positive auto-T cell
☐ {6} Positive auto-B cell

{[flow_result] checkbox Required}
{Branching logic (show if): [xm_method(1)] = '1'}

CDC cross match result

☐ {1} Positive allo-T cell
☐ {2} Positive allo-B cell
☐ {3} Negative allo T cell
☐ {4} Negative allo B cell
☐ {5} Positive auto-T cell
☐ {6} Positive auto-B cell

{[cdc_result] checkbox Required}
{Branching logic (show if): [xm_method(2)] = '1'}

PI interpretation of the cell-based cross match

○ {1} Positive
○ {2} False positive

{[xm_interp] radio Required}
{Branching logic (show if): ([xm_method(1)] = '1' and ([flow_result(1)] = '1' or [flow_result(2)] = '1' or [flow_result(5)] = '1' or [flow_result(6)] = '1')) or ([xm_method(2)] = '1' and ([cdc_result(1)] = '1' or [cdc_result(2)] = '1' or [cdc_result(5)] = '1' or [cdc_result(6)] = '1'))}

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Lung transplant type	◯ {1} Single
	◯ {2} Bilateral
	◯ {3} Lobar
{[lung_tx_type] radio Required}	

Single transplant laterality	◯ {1} Right
	◯ {2} Left
{[solt_lat] radio Required} {Branching logic (show if): [lung_tx_type] = '1'}	

Select lobes transplanted	☐ {1} LUL
	☐ {2} LLL
	☐ {3} RUL
{[lobar_lobes] checkbox Required}	☐ {4} RML
{Branching logic (show if): [lung_tx_type] = '3'}	☐ {5} RLL

Was volume reduction of the donor lung(s) required?	◯ {1} Yes
	◯ {0} No
	◯ {98} Unknown
{[vol_reduc] radio Required}	

Laterality of volume reduction required	◯ {1} Right only
	◯ {2} Left only
	◯ {3} Bilateral
{[laterality_vol_reduc] radio Required} {Branching logic (show if): [vol_reduc] = '1'}	

Which number lung transplant is this for this recipient?	◯ {1} 1st
	◯ {2} 2nd
	◯ {3} 3rd
	◯ {4} Other
{[txnum] radio Required}	

Specify number	
	_____
{[txnumsp] text Required} {Branching logic (show if): [txnum] = '4'}	

Did the recipient receive another organ during this surgery?	◯ {1} Yes
	◯ {0} No
{[other_organ] radio Required}	

Other organ received	☐ {1} Heart
	☐ {2} Liver
	☐ {3} Kidney
{[oth_org_spec] checkbox Required}	☐ {4} Other
{Branching logic (show if): [other_organ] = '1'}	

Specify other organ	
	_____
{[oth_org_text] text Required} {Branching logic (show if): [other_organ] = '1' and [oth_org_spec(4)] = '1'}	

Did the recipient receive induction? (i.e., immunosuppressant medications with first dose given within 24 hours of transplant)	◯ {1} Yes ◯ {0} No
{[induction] radio Required}	

Induction medications

{[induction_meds] checkbox Required}
{Branching logic (show if): [induction] = '1'}

☐ {1} Antithymocyte globulin (Thymoglobulin)
☐ {2} Basiliximab (Simulect)
☐ {3} Alemtuzumab (Campath)
☐ {4} Methylprednisolone sodium succinate (Solumedrol)
☐ {5} Other
☐ {6} Unknown - recipient participating in CTOT-45 placebo-controlled study
☐ {7} Unknown - recipient participating in other placebo-controlled trial or center-specific study

Other induction immunosuppression

_____

{[oth_induction] text Required}
{Branching logic (show if): [induction] = '1' and [induction_meds(5)] = '1'}

Intraoperative cardiorespiratory support (i.e., CPB, ECMO) used?

{[intraop_ecmo] checkbox Required}

☐ {1} VA Ecmo
☐ {2} VV Ecmo
☐ {3} V-AV Ecmo
☐ {4} VV-A Ecmo
☐ {5} CPB
☐ {6} None

Type of ECMO on arrival to ICU

{[ecmo_icu] radio Required}
{Branching logic (show if): [intraop_ecmo(1)] = '1' or [intraop_ecmo(2)] = '1' or [intraop_ecmo(3)] = '1' or [intraop_ecmo(4)] = '1'}

◯ {1} VA
◯ {2} VV
◯ {3} V-AV
◯ {4} VV-A
◯ {5} None

Concurrent cardiac surgery performed?	◯ {1} Yes ◯ {0} No
{[conc_cardiac_surg] radio Required}	

Type of concurrent cardiac surgery

{[card_surg_type] radio Required}
{Branching logic (show if): [conc_cardiac_surg] = '1'}

◯ {1} CABG
◯ {2} Other

Other concurrent cardiac surgery type

_____

{[oth_card_surg] text Required}
{Branching logic (show if): [conc_cardiac_surg] = '1' and [card_surg_type] = '2'}

Intraoperative PRBC used?	◯ {1} Yes
	◯ {0} No
	◯ {98} Unknown

{[intraop_prbc] radio Required}

| Volume PRBC used known? | ◯ {1} Yes |
| | ◯ {0} No |

{[prbc_vol_known] radio Required}
{Branching logic (show if): [intraop_prbc] = '1'}

Volume PRBC (mL)

_____

{[prbc_vol] text (integer Min: 250 Max: 1400)}
{Branching logic (show if): [intraop_prbc] = '1' and
[prbc_vol_known] = '1'}

FiO2 (%) at reperfusion (note: at reperfusion of the
second lung if a bilateral transplant)

_____

{[fio2_reperfusion] text (integer Min: 21 Max: 100)
Required}

Did the recipient leave the OR with an open chest?	◯ {1} Yes
	◯ {0} No
	◯ {98} Unknown

{[open_chest] radio Required}

Chest closure date

_____

{[closure_date] text (date_mdy) Required}
{Branching logic (show if): [open_chest] = '1'}

Donor Information

UNOS Donor ID

_____

{[don_id] text Required}

Donor type

◯ {1} DBD (donation after brain death)
◯ {2} DCD (donation after circulatory death)

{[don_type] radio Required}

Normothermic regional perfusion (NRP) used?

◯ {1} Yes
◯ {0} No

{[nrp_yes_no] radio Required}
{Branching logic (show if): [don_type] = '2'}

NRP type

☐ {1} Thoracic
☐ {2} Abdominal
☐ {98} Unknown

{[nrp_type] checkbox Required}
{Branching logic (show if): [don_type] = '2' and
[nrp_yes_no] = '1'}

Date & time of surgeon organ acceptance

_____

{[don_accept_time] text (datetime_mdy) Required}
{Branching logic (show if): [don_accept_timeunk(1)]
=''}

Date for surgeon organ acceptance

_____

{[organacceptdt] text (date_mdy) Required}
{Branching logic (show if): [don_accept_timeunk(1)]
=''}

Date & time of surgeon organ acceptance unknown

☐ , {1,}

{[don_accept_timeunk] checkbox Required}
{Branching logic (show if): [don_accept_time] =''}

Donor PaO2/FiO2 at organ acceptance time

_____

{[don_pf_accept] text (integer Min: 200 Max: 600)
Required}

DONOR LUNG MEASUREMENTS

Transverse at diaphragm (cm)

_____

{[trans_meas] text (float Min: 18 Max: 38)}

Apex to dome of diaphragm left (cm)

_____

{[apex_dome_l] text (float Min: 10 Max: 33)}
{Branching logic (show if):
[transplant_arm_1][lung_tx_type] = '2' or
[transplant_arm_1][solt_lat] = '2' or
[transplant_arm_1][lobar_lobes(1)] = '1' or
[transplant_arm_1][lobar_lobes(2)] = '1'}

Apex to dome of diaphragm right (cm)

_____

{[apex_dome_r] text (float Min: 10 Max: 33)}
{Branching logic (show if):
[transplant_arm_1][lung_tx_type] = '2' or
[transplant_arm_1][solt_lat] = '1' or
[transplant_arm_1][lobar_lobes(3)] = '1' or
[transplant_arm_1][lobar_lobes(4)] = '1' or
[transplant_arm_1][lobar_lobes(5)] = '1'}

Posterior-anterior left (cm)

_____

{[pa_meas_l] text (float Min: 8 Max: 22)}
{Branching logic (show if):
[transplant_arm_1][lung_tx_type] = '2' or
[transplant_arm_1][solt_lat] = '2' or
[transplant_arm_1][lobar_lobes(1)] = '1' or
[transplant_arm_1][lobar_lobes(2)] = '1'}

Posterior-anterior right (cm)

_____

{[pa_meas_r] text (float Min: 8 Max: 22)}
{Branching logic (show if):
[transplant_arm_1][lung_tx_type] = '2' or
[transplant_arm_1][solt_lat] = '1' or
[transplant_arm_1][lobar_lobes(3)] = '1' or
[transplant_arm_1][lobar_lobes(4)] = '1' or
[transplant_arm_1][lobar_lobes(5)] = '1'}

Donor chest CT sent to DCC?

(Hidden/Retired Field)

○ {1} Yes
○ {0} No

{[donor_ct] radio}

ORGAN HARVEST AND TRANSPORT INFORMATION

Donor cross-clamp date & time

_____

{[cross_clamp] text (datetime_mdy) Required}

Donor cross-clamp date

_____

{[cclampdt] text (date_mdy) Required}

Lung block removal date & time

_____

{[lung_block_out] text (datetime_mdy) Required}

Lung-block removal date

_____

{[lblockremovdt] text (date_mdy) Required}

Lung block placed on ice/preservation solution date & time

_____

{[lung_block_ice] text (datetime_mdy) Required}

Preservation method - at organ recovery

{[pres_meth_recovery] checkbox Required}

- ☐ {1} Ice (traditional static cold storage, no temperature control)
- ☐ {2} Temperature controlled 4-8 degrees C
- ☐ {3} Temperature controlled 10 degrees C
- ☐ {4} Normothermic

Preservation method - during transport from donor hospital to recipient hospital

{[pres_meth_transport] checkbox Required}

- ☐ {1} Ice (traditional static cold storage, no temperature control)
- ☐ {2} Temperature controlled 4-8 degrees C
- ☐ {3} Temperature controlled 10 degrees C
- ☐ {4} Normothermic

Preservation method - at recipient hospital until implantation

{[pres_meth_recip_hosp] checkbox Required}

- ☐ {1} Ice (traditional static cold storage, no temperature control)
- ☐ {2} Temperature controlled 4-8 degrees C
- ☐ {3} Temperature controlled 10 degrees C
- ☐ {4} Normothermic

EX-VIVO LUNG PERFUSION

Donor lung(s) placed on EVLP?

{[evlp] radio Required}

- ○ {1} Yes
- ○ {0} No
- ○ {98} Unknown

Donor lung(s) placed on EVLP date & time

_____

{[evlp_time] text (datetime_mdy) Required}
{Branching logic (show if): [evlp] = '1'}

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Donor lung(s) placed on EVLP date

_____

{[evlpdt] text (date_mdy) Required}
{Branching logic (show if): [evlp] = '1'}

Indication for EVLP

{[evlp_indications] radio Required}
{Branching logic (show if): [evlp] = '1'}

○ {1} Group 1: high risk brain death donor (BDD) with any - (PaO2 < 300 mmHg, declining P/F ratio, concern for aspiration or pneumonia on bronchoscopy, pulmonary edema, significant infiltrates, massive PE, high risk donor history)
○ {2} Group 2: standard risk donation after cardiac death (DCD) with interval between withdrawal of life support and cardiac arrest < 60 minutes
○ {3} Group 3: high risk DCD with same risk factors as Group 1 AND interval between withdrawal of life support and cardiac arrest > 60 minutes and uncontrolled DCD
○ {4} Group 4: standard risk BDD not meeting Group 1 criteria but requiring prolonged preservation due to resource availability (logistics) or organ retrieval by different transplant team
○ {5} Group 5: unknown

EVLP device used

{[evlp_device] radio Required}
{Branching logic (show if): [evlp] = '1'}

○ {1} XPS
○ {2} Transmedics
○ {3} Toronto System/Torex
○ {4} Other

Other EVLP device used

_____

{[oth_evlp_device] text Required}
{Branching logic (show if): [evlp] = '1' and
[evlp_device] = '4'}

Date & time first donor lung removed from EVLP

_____

{[first_lung_off_evlp] text (datetime_mdy) Required}
{Branching logic (show if): [evlp] = '1'}

Date first donor lung removed from EVLP

_____

{[flungoffdt] text (date_mdy) Required}
{Branching logic (show if): [evlp] = '1'}

Date & time second lung removed from EVLP

_____

{[second_lung_off_evlp] text (datetime_mdy) Required}
{Branching logic (show if): (
 (
  [transplant_arm_1][lung_tx_type] = '2'
  and [transplant_arm_1][evlp] = '1'
)
 or
 (
  [transplant_arm_1][lung_tx_type] = '3'
  and ([transplant_arm_1][lobar_lobes(1)] = '1' or
[transplant_arm_1][lobar_lobes(2)] = '1')
  and ([transplant_arm_1][lobar_lobes(3)] = '1' or
[transplant_arm_1][lobar_lobes(4)] = '1' or
[transplant_arm_1][lobar_lobes(5)] = '1')
  and [transplant_arm_1][evlp] = '1'
)
)}

Date second donor lung removed from EVLP

_____

{[slungoffdt] text (date_mdy) Required}
{Branching logic (show if): (
 (
  [transplant_arm_1][lung_tx_type] = '2'
  and [transplant_arm_1][evlp] = '1'
)
 or
 (
  [transplant_arm_1][lung_tx_type] = '3'
  and ([transplant_arm_1][lobar_lobes(1)] = '1' or
[transplant_arm_1][lobar_lobes(2)] = '1')
  and ([transplant_arm_1][lobar_lobes(3)] = '1' or
[transplant_arm_1][lobar_lobes(4)] = '1' or
[transplant_arm_1][lobar_lobes(5)] = '1')
  and [transplant_arm_1][evlp] = '1'
)
)}

ORGAN REPERFUSION

First lung reperfusion date & time

_____

{[first_lung_reperfusion] text (datetime_mdy)
Required}

First lung reperfusion date

_____

{[flungreperdt] text (date_mdy) Required}

Second lung reperfusion date & time

_____

{[second_lung_reperfusion] text (datetime_mdy)
Required}
{Branching logic (show if):
[transplant_arm_1][lung_tx_type] = '2' or
[transplant_arm_1][lung_tx_type] = '3' and
([transplant_arm_1][lobar_lobes(1)] = '1' or
[transplant_arm_1][lobar_lobes(2)] = '1') and
([transplant_arm_1][lobar_lobes(3)] = '1' or
[transplant_arm_1][lobar_lobes(4)] = '1' or
[transplant_arm_1][lobar_lobes(5)] = '1')}

Second lung reperfusion date

_____

{[slungreperdt] text (date_mdy) Required}
{Branching logic (show if):
[transplant_arm_1][lung_tx_type] = '2' or
[transplant_arm_1][lung_tx_type] = '3' and
([transplant_arm_1][lobar_lobes(1)] = '1' or
[transplant_arm_1][lobar_lobes(2)] = '1') and
([transplant_arm_1][lobar_lobes(3)] = '1' or
[transplant_arm_1][lobar_lobes(4)] = '1' or
[transplant_arm_1][lobar_lobes(5)] = '1')}

RESEARCH SPECIMENS

Did donor's next of kin consent for research specimens
to be obtained?

◯ {1} Yes
◯ {0} No

{[donor_consent] radio Required}

Donor DNA collected?

◯ {1} Yes
◯ {0} No

{[donor_dna] radio Required}
{Branching logic (show if): [donor_consent] = '1'}

Post Operative Assessment

[event-label]

Please use data closest to 8AM local time to answer the following questions

---

ABG assessed?

○ {1} Yes
○ {0} No

{[abg] radio Required}

PaO2 (mmHg)

_____

{[pao2] text (integer Min: 30 Max: 300) Required}
{Branching logic (show if): [abg] = '1'}

SpO2 (%)

_____

{[spo2] text (integer Min: 50 Max: 100) Required}
{Branching logic (show if): [abg] = '0'}

Mode of ventilation/oxygen delivery

○ {1} Ventilator
○ {2} Non-invasive ventilation (BiPAP, CPAP)
○ {3} High flow nasal cannula
○ {4} Non-rebreather mask
○ {5} Venturi mask
○ {6} Trach mask
○ {7} Nasal cannula
○ {8} Room air

{[mode_vent] radio Required}

FiO2 (%) concurrent with measured PaO2

_____

{[fio2] text (integer Min: 21 Max: 100) Required}
{Branching logic (show if): [mode_vent] = '1' or
[mode_vent] = '2'}

Flow rate (L/min) concurrent with measured SpO2

_____

{[flow] text (float Min: 0.5 Max: 60) Required}
{Branching logic (show if): [mode_vent] = '3' or
[mode_vent] = '4' or [mode_vent] = '5' or [mode_vent]
= '6' or [mode_vent] = '7'}

Is recipient on ECMO?

○ {1} Yes
○ {0} No

{[ecmo] radio Required}

ECMO type	⚪ {1} VV
	⚪ {2} VA

{[ecmo_type] radio Required}
{Branching logic (show if): [ecmo] = '1'}

In the opinion of the PI, what is the indication for ECMO?	⚪ {1} Preemptive
	⚪ {2} Therapeutic

{[opinion_pi] radio Required}
{Branching logic (show if): [ecmo] = '1'}

Was inhaled nitric oxide administered?	⚪ {1} Yes
	⚪ {0} No

{[noxide] radio Required}

Was inhaled prostacyclin administered?	⚪ {1} Yes
	⚪ {0} No

{[prost] radio Required}

In the opinion of the PI, does the chest X-ray demonstrate diffuse infiltrates consistent with pulmonary edema?	⚪ {1} Yes
	⚪ {0} No

{[pedema] radio Required}

Was a Post-operative day 3 chest x-ray sent to DCC?	⚪ {1} Yes
	⚪ {0} No

{[cxr] radio Required}
{Branching logic (show if): [event-name] =
'postop_day_3_arm_1'}

Transplant Hospital Discharge

Transplant hospitalization discharge date

_____

{[dc_date] text (date_mdy) Required}

Discharge destination

- ○ {7} Still in Hospital at the time of 3 Month Visit
- ○ {1} Home
- ○ {2} Acute rehabilitation facility
- ○ {3} Skilled nursing/long term care facility
- ○ {4} Ventilator weaning facility
- ○ {5} Deceased
- ○ {6} Other

{[dc_dest] radio Required}

Final Discharge destination

- ○ {1} Home
- ○ {2} Acute rehabilitation facility
- ○ {3} Skilled nursing/long term care facility
- ○ {4} Ventilator weaning facility
- ○ {5} Deceased
- ○ {6} Other

{[dc_finaldis] radio}
{Branching logic (show if): [dc_dest]='7'}

Please complete a death form for this patient

{Branching logic (show if): [dc_dest] = '5' or
[dc_dest] = '7' and [dc_finaldis] = '5'}

Did recipient undergo post-transplant tracheostomy?

- ○ {1} Yes
- ○ {0} No

{[trach] radio Required}

Tracheostomy date

_____

{[trach_date] text (date_mdy) Required}
{Branching logic (show if): [trach] = '1'}

How many days was the recipient free of mechanical any ventilatory support in the first 28 days after transplant?

_____

{[vent_free_days] text (integer Max: 28) Required}

How many days was the recipient free of ECMO support in the first 28 days after transplant (defined as not cannulated)

_____

{[postop_ecmo_free_days] text (integer Max: 28) Required}

Did the recipient return to the Operating Room (OR) for any reason during the first 30 days after transplant?

- ○ {1} Yes
- ○ {0} No

{[or_return] radio Required}

OR takeback reason (select all that apply)	☐ {1} Decannulation from ECMO
	☐ {2} Tracheostomy
	☐ {3} Chest closure
{[or_reason] checkbox Required}	☐ {4} Hemothorax
{Branching logic (show if): [or_return] = '1'}	☐ {5} Sternal debridement
	☐ {6} Decortication
	☐ {7} Airway issue
	☐ {8} Other

Other OR takeback reason

_____

{[othor_reason] text}
{Branching logic (show if): [or_return] = '1' and
[or_reason(8)] = '1'}

Did anastomosis dehiscence occur during the transplant
hospitalization?

○ {1} Yes
○ {0} No

{[anast_dehisc] radio Required}

Date the dehiscence first noted in the EMR?

_____

{[dehisc_doc_date] text (date_mdy) Required}
{Branching logic (show if): [anast_dehisc] = '1'}

Was there an intervention for anastomosis dehiscence
(i.e., stent, re-operation)

○ {1} Yes
○ {0} No

{[anast_dehisc_int] radio Required}
{Branching logic (show if): [anast_dehisc] = '1'}

Was there a drug treated (beyond standard prophylaxis)
bacterial pneumonia in the first 30 days after
transplant ?

○ {1} Yes
○ {0} No

{[drug_bact_infection] radio Required}

Was there a drug treated (beyond standard prophylaxis)
fungal pneumonia in the first 30 days after transplant
?

○ {1} Yes
○ {0} No

{[drug_fung_infection] radio Required}

Did the recipient require intermittent hemodialysis or
CRRT (continuous renal replacement therapy) during the
transplant hospitalization?

○ {1} Yes
○ {0} No

{[hosp_dialysis_crrt] radio Required}

Was the recipient on dialysis at the time of hospital
discharge?

○ {1} Yes
○ {0} No

{[dc_dialysis] radio Required}

Medsprocedures Of Interest

Medications of interest

Please update the medication log for [event-label]

{Branching logic (show if): [event-label] = 'Month 3' or [event-label] = 'Month 12'}

Beyond induction, which immunosuppressant medications did the recipient receive between POD 1 and transplant hospitalization discharge?

{[immuno_hosp] checkbox Required}
{Branching logic (show if): [event-label] = 'Transplant Hospital Discharge'}

- ☐ {1} Antithymocyte globulin (ATG) (Thymoglobulin)/RATG
- ☐ {2} Basiliximab (Simulect)
- ☐ {3} Alemtuzumab (Campath)
- ☐ {4} Methylprenisolone sodium succinate (Solumedrol)
- ☐ {5} Bortezomib (Velcade)
- ☐ {6} Eculizumab
- ☐ {7} Carfilzomib
- ☐ {8} Daratumumab
- ☐ {9} Tocilizumab
- ☐ {10} Rituximab (Rituxan)
- ☐ {11} Belatacept
- ☐ {12} Plasmapheresis/PLEX or plasma exchange/TPE
- ☐ {13} Photopheresis
- ☐ {14} IVIG
- ☐ {15} None of the above

Were any of the following treatments administered between [previous-event-label] and [event-label] visits?

{[amr_acr_tx] checkbox Required}
{Branching logic (show if): [event-label] = 'Month 3' or [event-label] = 'Month 12'}

- ☐ {1} PLEX/TPE
- ☐ {2} IVIG
- ☐ {3} Rituximab
- ☐ {4} Eculizumab
- ☐ {5} Carfilzomib
- ☐ {6} Bortezomib
- ☐ {7} Daratumumab
- ☐ {8} ATG/RATG
- ☐ {9} Campath
- ☐ {10} Belatacept
- ☐ {11} Tocilizumab
- ☐ {12} Augmented steroids above baseline
- ☐ {13} Change of cell cycle inhibitor
- ☐ {14} Change of calcineurin inhibitor
- ☐ {15} None of the above
- ☐ {16} N/A - recipient still hospitalized for index transplant hospitalization

Please begin/update the medication log for each of the above medications administered

{Branching logic (show if): [immuno_hosp(1)] = '1' or [immuno_hosp(2)] = '1' or [immuno_hosp(3)] = '1' or [immuno_hosp(4)] = '1' or [immuno_hosp(5)] = '1' or [immuno_hosp(6)] = '1' or [immuno_hosp(7)] = '1' or [immuno_hosp(8)] = '1' or [immuno_hosp(9)] = '1' or [immuno_hosp(10)] = '1' or [immuno_hosp(11)] = '1' or [immuno_hosp(12)] = '1' or [immuno_hosp(13)] = '1' or [immuno_hosp(14)] = '1' or [amr_acr_tx(1)] = '1' or [amr_acr_tx(2)] = '1' or [amr_acr_tx(3)] = '1' or [amr_acr_tx(4)] = '1' or [amr_acr_tx(5)] = '1' or [amr_acr_tx(6)] = '1' or [amr_acr_tx(7)] = '1' or [amr_acr_tx(8)] = '1' or [amr_acr_tx(9)] = '1' or [amr_acr_tx(10)] = '1' or [amr_acr_tx(11)] = '1' or [amr_acr_tx(12)] = '1' or [amr_acr_tx(13)] = '1' or [amr_acr_tx(14)] = '1'}

In the opinion of the site investigator, what were the indication(s) for starting the medication(s) above?

{[pi_opinion] checkbox Required}
{Branching logic (show if): [immuno_hosp(1)] = '1' or [immuno_hosp(2)] = '1' or [immuno_hosp(3)] = '1' or [immuno_hosp(4)] = '1' or [immuno_hosp(5)] = '1' or [immuno_hosp(6)] = '1' or [immuno_hosp(7)] = '1' or [immuno_hosp(8)] = '1' or [immuno_hosp(9)] = '1' or [immuno_hosp(10)] = '1' or [immuno_hosp(11)] = '1' or [immuno_hosp(12)] = '1' or [immuno_hosp(13)] = '1' or [immuno_hosp(14)] = '1' or [amr_acr_tx(1)] = '1' or [amr_acr_tx(2)] = '1' or [amr_acr_tx(3)] = '1' or [amr_acr_tx(4)] = '1' or [amr_acr_tx(5)] = '1' or [amr_acr_tx(6)] = '1' or [amr_acr_tx(7)] = '1' or [amr_acr_tx(8)] = '1' or [amr_acr_tx(9)] = '1' or [amr_acr_tx(10)] = '1' or [amr_acr_tx(11)] = '1' or [amr_acr_tx(12)] = '1' or [amr_acr_tx(13)] = '1' or [amr_acr_tx(14)] = '1'}

- ☐ {1} De novo DSA
- ☐ {2} Desensitization/pre-formed DSA treatment
- ☐ {3} Lung histology suggestive of antibody mediated rejection (AMR)
- ☐ {4} Clinical suspicion of AMR
- ☐ {5} Lung histology suggestive of acute cellular rejection (ACR)
- ☐ {6} Clinical suspicion of ACR
- ☐ {7} Allograft dysfunction (>= 10% PFT decline)
- ☐ {8} Lung biopsy C4d positive staining
- ☐ {9} New need or change in need for supplemental oxygen/dyspnea
- ☐ {10} Radiographic changes
- ☐ {11} Renal sparing
- ☐ {12} Neurological complications
- ☐ {13} Malignancy
- ☐ {14} Other

Other indication

_____

{[rsn_othopinion] text Required}
{Branching logic (show if): [pi_opinion(14)] = '1' and ([immuno_hosp(1)] = '1' or [immuno_hosp(2)] = '1' or [immuno_hosp(3)] = '1' or [immuno_hosp(4)] = '1' or [immuno_hosp(5)] = '1' or [immuno_hosp(6)] = '1' or [immuno_hosp(7)] = '1' or [immuno_hosp(8)] = '1' or [immuno_hosp(9)] = '1' or [immuno_hosp(10)] = '1' or [immuno_hosp(11)] = '1' or [immuno_hosp(12)] = '1' or [immuno_hosp(13)] = '1' or [immuno_hosp(14)] = '1' or [amr_acr_tx(1)] = '1' or [amr_acr_tx(2)] = '1' or [amr_acr_tx(3)] = '1' or [amr_acr_tx(4)] = '1' or [amr_acr_tx(5)] = '1' or [amr_acr_tx(6)] = '1' or [amr_acr_tx(7)] = '1' or [amr_acr_tx(8)] = '1' or [amr_acr_tx(9)] = '1' or [amr_acr_tx(10)] = '1' or [amr_acr_tx(11)] = '1' or [amr_acr_tx(12)] = '1' or [amr_acr_tx(13)] = '1' or [amr_acr_tx(14)] = '1')}

Were any of the following anti-infectives administered between [previous-event-label] and [event-label] visits?

{[antiinfectives] checkbox Required}
{Branching logic (show if): [event-label] = 'Month 3' or [event-label] = 'Month 12'}

- ☐ {1} Systemic antibiotics
- ☐ {2} Inhaled antibiotics
- ☐ {3} Systemic antifungals
- ☐ {4} Inhaled antifungals
- ☐ {5} Systemic antivirals
- ☐ {6} Inhaled antivirals
- ☐ {7} None
- ☐ {8} N/A - recipient still hospitalized for index transplant hospitalization

ANTI-INFECTIVES LIST

{Branching logic (show if): [event-label] = 'Month 3' or [event-label] = 'Month 12'}

Discharge Medications

Transplant medications/immunosuppression at hospital discharge

{[txmeds] checkbox Required}
{Branching logic (show if): [event-label] = 'Transplant Hospital Discharge'}

☐ {1} Tacrolimus (Prograf, H, Astragraf XL, Advagraf, Envarsus XR)
☐ {2} Cyclosporine (Gengraf, Neoral, Sandimmune)
☐ {3} Mycophenolate mofetil (CellCept, Myfortic)
☐ {4} Azathioprine (Imuran, Azasan)
☐ {5} Sirolimus (Rapamune)
☐ {6} Everolimus (Afinitor, Zortress)
☐ {7} Azithromycin
☐ {8} Pirfenidone (Esbriet)
☐ {9} Nintedanib (Ofev)
☐ {10} Prednisone

Please begin/update the medication log for each of the above medications administered

{Branching logic (show if): [event-label] = 'Transplant Hospital Discharge' and [txmeds(1)] = '1' or [txmeds(2)] = '1' or [txmeds(3)] = '1' or [txmeds(4)] = '1' or [txmeds(5)] = '1' or [txmeds(6)] = '1' or [txmeds(7)] = '1' or [txmeds(8)] = '1' or [txmeds(9)] = '1' or [txmeds(10)] = '1'}

CMV prophylaxis medications at hospital discharge

{[cmv_dc] checkbox Required}
{Branching logic (show if): [event-label] = 'Transplant Hospital Discharge'}

☐ {1} Valgancyclovir (Valcyte)
☐ {2} IV Gancyclovir (Cytovene)
☐ {3} Cytomegalovirus immune globulin (CytoGam)
☐ {4} Maribavir
☐ {5} Letermovir
☐ {6} Other
☐ {7} None

Other CMV prophylaxis
*do not include acyclovir as other CMV prophylaxis

_____

{[oth_cmv_dc] text Required}
{Branching logic (show if): [event-label] = 'Transplant Hospital Discharge' and [cmv_dc(6)] = '1'}

Procedures and Tests

Complete review of sections below as applicable

Bronchoscopy

Were any bronchoscopies performed during the transplant hospitalization?

{[hosp_bronch] radio Required}
{Branching logic (show if): [event-label] = 'Transplant Hospital Discharge'}

○ {1} Yes
○ {0} No

Were any bronchoscopies performed between the [previous-event-label] and [event-label] visits?

{[bronch] radio Required}
{Branching logic (show if): [event-label] = 'Month 3' or [event-label] = 'Month 12'}

○ {1} Yes
○ {0} No
○ {3} N/A - recipient still hospitalized for index transplant hospitalization

REDCap®

Please complete a new entry for each bronchscopy performed

{Branching logic (show if): ([event-label] = 'Transplant Hospital Discharge' and [hosp_bronch] = '1') or ([event-label] = 'Transplant Hospital Discharge' and [hosp_bronch] = '1') or ([event-label] = 'Month 3' and [bronch] = '1' or [event-label] = 'Month 12' and [bronch] = '1')}

Biopsy

Were any biopsies (transbronchial or wedge) performed during the transplant hospitalization?

○ {1} Yes
○ {0} No

{[hosp_tbbx] radio Required}
{Branching logic (show if): [event-label] = 'Transplant Hospital Discharge'}

Were any biopsies (transbronchial or wedge) performed between the [previous-event-label] and [event-label] visits?

○ {1} Yes
○ {0} No
○ {3} N/A - recipient still hospitalized for index transplant hospitalization

{[tbbx] radio Required}
{Branching logic (show if): [event-label] = 'Month 3' or [event-label] = 'Month 12'}

Please complete a new entry for each biopsy performed.

{Branching logic (show if): ([event-label] = 'Transplant Hospital Discharge' and [hosp_tbbx] = '1') or ([event-label] = 'Transplant Hospital Discharge' and [hosp_tbbx] = '1') or ([event-label] = 'Month 3' and [tbbx] = '1' or [event-label] = 'Month 12' and [tbbx] = '1')}

Microbiology

Were any respiratory specimens evaluated for microbiology during the transplant hospitalization?

○ {1} Yes
○ {0} No

{[hosp_micro] radio Required}
{Branching logic (show if): [event-label] = 'Transplant Hospital Discharge'}

Were any respiratory specimens evaluated for microbiology between the [previous-event-label] and [event-label] visits?

○ {1} Yes
○ {0} No
○ {3} N/A - recipient still hospitalized for index transplant hospitalization

{[micro] radio Required}
{Branching logic (show if): [event-label] = 'Month 3' or [event-label] = 'Month 12'}

Please complete a new entry for each respiratory specimen collected.

{Branching logic (show if): ([event-label] = 'Transplant Hospital Discharge' and [hosp_micro] = '1') or ([event-label] = 'Transplant Hospital Discharge' and [hosp_micro] = '1') or ([event-label] = 'Month 3' and [micro] = '1' or [event-label] = 'Month 12' and [micro] = '1')}

Donor Specific Antibody (DSA)

Were any post transplant donor specific HLA antibodies (DSA) detected during transplant hospitalization?

○ {1} Yes
○ {0} No

{[hosp_hla] radio Required}
{Branching logic (show if): [event-label] = 'Transplant Hospital Discharge'}

Were any post transplant donor specific HLA antibodies (DSA) detected between the [previous-event-label] and [event-label] visits?

○ {1} Yes
○ {0} No
○ {3} N/A - recipient still hospitalized for index transplant hospitalization

{[hla] radio Required}
{Branching logic (show if): [event-label] = 'Month 3'
or [event-label] = 'Month 12'}

Please complete a new entry for each test date.

{Branching logic (show if): ([event-label] = 'Transplant Hospital Discharge' and [hosp_hla] = '1') or ([event-label] = 'Transplant Hospital Discharge' and [hosp_hla] = '1') or ([event-label] = 'Month 3' and [hla] = '1' or [event-label] = 'Month 12' and [hla] = '1')}

CMV PCR

Were any CMV PCR tests performed during the transplant hospitalization?

○ {1} Yes
○ {0} No

{[hosp_cmv_pcr] radio Required}
{Branching logic (show if): [event-label] = 'Transplant Hospital Discharge'}

Were any CMV PCR tests performed between the [previous-event-label] and [event-label] visits?

○ {1} Yes
○ {0} No
○ {3} N/A - patient still hospitalized for index hospitalization

{[cmv_pcr] radio Required}
{Branching logic (show if): [event-label] = 'Month 3'
or [event-label] = 'Month 12'}

Please either upload the CMV PCR data in bulk to the DCC or complete a CMV PCR form for each new test performed.

{Branching logic (show if): ([event-label] = 'Transplant Hospital Discharge' and [hosp_cmv_pcr] = '1') or ([event-label] = 'Transplant Hospital Discharge' and [cmv_pcr] = '1') or ([event-label] = 'Month 3' and [cmv_pcr] = '1' or [event-label] = 'Month 12' and [cmv_pcr] = '1')}

Pulmonary Function Tests

Were any pulmonary function tests (PFTs) performed between the [previous-event-label] and [event-label] visits?

○ {1} Yes
○ {0} No
○ {3} N/A - patient still hospitalized for index hospitalization

{[pft_tests] radio Required}
{Branching logic (show if): [event-label] = 'Month 3' or [event-label] = 'Month 12' or [event-label] ='Annual Visit (Year 2)' or [event-label] ='Annual Visit (Year 3)' or [event-label] ='Annual Visit (Year 4)'}

Please either upload the PFT data in bulk to the DCC or complete a PFT form for each new test performed.

{Branching logic (show if): ([event-label] = 'Month 3' and [pft_tests] = '1') or ([event-label] = 'Month 12' and [pft_tests] = '1') or ([event-label] ='Annual Visit (Year 2)' and [pft_tests] = '1') or ([event-label] ='Annual Visit (Year 3)' and [pft_tests] = '1') or ([event-label] ='Annual Visit (Year 4)' and [pft_tests] = '1')}

REDCap®

Post Transplant Assessment

Month 3 Visit Window Stop Date

_____

{[month3_stop] text (date_mdy) Required}
{Branching logic (show if): [event-label] = 'Month 3'}

Month 12 Visit Window Stop Date

_____

{[month12_stop] text (date_mdy)}
{Branching logic (show if): [event-label] = 'Month 12'}

Is the recipient alive at the [event-label] visit?　　　　◯ {1} Yes
　　　　　　　　　　　　　　　　　　　　　　　　　　　　◯ {0} No

{[living] radio Required}
{Branching logic (show if): [event-label] = 'Month 3'
or [event-label] = 'Month 12'}

Annual visit data extraction date

_____

{[annual_visit_date] text (date_mdy) Required}
{Branching logic (show if): [event-label] = 'Annual
Visit (Year 2)' or [event-label] = 'Annual Visit (Year
3)' or [event-label] = 'Annual Visit (Year 4)'}

Is the recipient alive as of this annual visit date?　　　◯ {1} Yes
　　　　　　　　　　　　　　　　　　　　　　　　　　　　◯ {0} No

{[annual_living] radio Required}
{Branching logic (show if): [event-label] = 'Annual
Visit (Year 2)' or [event-label] = 'Annual Visit (Year
3)' or [event-label] = 'Annual Visit (Year 4)'}

Please complete a death form for this recipient

{Branching logic (show if): ([event-label] = 'Month 3' and [living] = '0') or ([event-label] = 'Month 12' and [living] =
'0') or ([event-label] = 'Annual Visit (Year 2)' and [annual_living] = '0') or ([event-label] = 'Annual Visit (Year 3)' and
[annual_living] = '0') or ([event-label] = 'Annual Visit (Year 4)' and [annual_living] = '0')}

Did the recipient undergo retransplant of the lungs　　◯ {1} Yes
prior to this [event-label] visit?　　　　　　　　　　　◯ {0} No

{[retransplant] radio Required}

Please complete a retransplant form for this recipient

{Branching logic (show if): [retransplant] = '1'}

Did the recipient undergo pulmonary rehabilitation and/or physical therapy {[pulmrehab] radio Required} {Branching logic (show if): [event-label] = 'Month 3' or [event-label] = 'Month 12'}	◯ {1} Yes ◯ {0} No ◯ {3} N/A - patient still hospitalized for index transplant hospitalization
Was the recipient readmitted to the hospital between [previous-event-label] and [event-label] visits? {[readmit] radio Required}	◯ {1} Yes ◯ {0} No ◯ {3} N/A - recipient still hospitalized for index transplant hospitalization

Please complete a hospital readmission form for each hospitalization during this interval

{Branching logic (show if): [readmit] = '1'}

Indide Study Participation

Was the candidate participating in an IND or IDE study between listing and the time of transplant?	○ {1} Yes ○ {0} No ○ {98} Unknown

{[ind_ide] radio Required}
{Branching logic (show if):
[pretransplant_arm_1][tx_yes_no] = '1' and
[event-label] = 'Pre-transplant'}

Did the recipient enroll in an IND or IDE study between transplant and [event-label]?	○ {1} Yes ○ {0} No

{[ind_ide_dc] radio Required}
{Branching logic (show if): [event-label] =
'Transplant Hospital Discharge'}

Did the recipient enroll in an IND or IDE study between [previous-event-label] and [event-label]?	○ {1} Yes ○ {0} No

{[ind_ide_pdc] radio Required}
{Branching logic (show if): [event-label] = 'Month 3'
or [event-label] = 'Month 12'}

Clinical trial name

_____

{[ind_ide_name] text}
{Branching logic (show if):
([pretransplant_arm_1][tx_yes_no] = '1' and
[event-label] = 'Pre-transplant' and [ind_ide] = '1')
or ([event-label] = 'Transplant Hospital Discharge'
and [ind_ide_dc] = '1') or ([event-label] = 'Month 3'
and [ind_ide_pdc] = '1') or ([event-label] = 'Month
12' and [ind_ide_pdc] = '1')}

clinicaltrials.gov number

_____

{[ctgov_number] text}
{Branching logic (show if):
([pretransplant_arm_1][tx_yes_no] = '1' and
[event-label] = 'Pre-transplant' and [ind_ide] = '1')
or ([event-label] = 'Transplant Hospital Discharge'
and [ind_ide_dc] = '1') or ([event-label] = 'Month 3'
and [ind_ide_pdc] = '1') or ([event-label] = 'Month
12' and [ind_ide_pdc] = '1')}

Start date of participation
{[ind_ide_startdt] text (date_mdy)}
{Branching logic (show if):
([pretransplant_arm_1][tx_yes_no] = '1' and
[event-label] = 'Pre-transplant' and [ind_ide] = '1')
or ([event-label] = 'Transplant Hospital Discharge'
and [ind_ide_dc] = '1') or ([event-label] = 'Month 3'
and [ind_ide_pdc] = '1') or ([event-label] = 'Month
12' and [ind_ide_pdc] = '1')}

_____

Stop date of participation
{[ind_ide_stopdt] text (date_mdy)}
{Branching logic (show if):
([pretransplant_arm_1][tx_yes_no] = '1' and
[event-label] = 'Pre-transplant' and [ind_ide] = '1'
and [ind_ide_ongoing(1)] = '') or
([event-label] = 'Transplant Hospital Discharge' and
[ind_ide_dc] = '1' and [ind_ide_ongoing(1)] = '') or
([event-label] = 'Month 3' and [ind_ide_pdc] = '1' and
[ind_ide_ongoing(1)] = '') or
([event-label] = 'Month 12' and [ind_ide_pdc] = '1'
and [ind_ide_ongoing(1)] = '')}

_____

Participation ongoing

☐ , {1,}

{[ind_ide_ongoing] checkbox}
{Branching logic (show if):
([pretransplant_arm_1][tx_yes_no] = '1' and
[event-label] = 'Pre-transplant' and [ind_ide] = '1'
and [ind_ide_stopdt] = '') or
([event-label] = 'Transplant Hospital Discharge' and
[ind_ide_dc] = '1' and [ind_ide_stopdt] = '') or
([event-label] = 'Month 3' and [ind_ide_pdc] = '1' and
[ind_ide_stopdt] = '') or
([event-label] = 'Month 12' and [ind_ide_pdc] = '1'
and [ind_ide_stopdt] = '')}

REDCap

Donor Specific Antibody Dsa

Date of HLA antibody screen

_____

{[tx_hla_date] text (date_mdy)}

Visit Timepoint

○ {1} Transplant
○ {2} Transplant Hospital Discharge
○ {3} Month 3
{[dsavstmpt] dropdown Required}
○ {4} Month 12
○ {5} Annual Visit (Year 2)
○ {6} Annual Visit (Year 3)
○ {7} Annual Visit (Year 4)

CLASS I ANTI-HLA DONOR SPECIFIC ANTIBODIES

Class I anti-HLA donor-specific antibody present?

○ {1} Yes
○ {0} No

{[tx_classi_yes_no] radio Required}

Were anti-HLA A donor-specific antibodies present?

○ {1} Yes
○ {0} No

{[hla_a_yes_no_tx] radio Required}
{Branching logic (show if): [tx_classi_yes_no] = '1'}

Anti-HLA A Donor Specific Antibodies   Class I HLA Ab A Specificity _____ MFI or Titer Reported _____

{Branching logic (show if): [tx_classi_yes_no] = '1' and [hla_a_yes_no_tx] = '1'}

Reported MFI

_____

{[tx_classi_amfi1] text (integer Max: 50000)
Required}
{Branching logic (show if): [tx_classi_yes_no] = '1'
and [hla_a_yes_no_tx] = '1' and
[tx_classi_amfititer1(1)] = '1'}

Reported Titer

○ {1} 1:2
○ {2} 1:4
○ {3} 1:8
{[tx_classi_atiter1] radio Required}
○ {4} 1:16
{Branching logic (show if): [tx_classi_yes_no] = '1'
○ {5} 1:32
and [hla_a_yes_no_tx] = '1' and
○ {6} 1:64
[tx_classi_amfititer1(2)] = '1'}
○ {7} 1:128
○ {8} 1:256

C1q MFI

_____

{[tx_c1q_amfi_1] text (integer Max: 50000) Required}
{Branching logic (show if): [tx_classi_yes_no] = '1'
and [hla_a_yes_no_tx] = '1' and
[tx_classi_amfititer1(3)] = '1'}

Were additional anti-HLA A donor-specific antibodies present?　　　○ {1} Yes　　○ {0} No

{[addl_hla_a_dsa_tx] radio Required}
{Branching logic (show if): [tx_classi_yes_no] = '1'
and [hla_a_yes_no_tx] = '1'}

Class I HLA Ab A Specificity _____ MFI or Titer Reported _____

{Branching logic (show if): [tx_classi_yes_no] = '1' and [hla_a_yes_no_tx] = '1' and [addl_hla_a_dsa_tx] = '1'}

Reported MFI

_____

{[tx_classi_amfi2] text (integer Max: 50000)
Required}
{Branching logic (show if): [tx_classi_yes_no] = '1'
and [hla_a_yes_no_tx] = '1' and [addl_hla_a_dsa_tx] =
'1' and [tx_classi_amfititer2(1)] = '1'}

Reported Titer

{[tx_classi_atiter2] radio Required}
{Branching logic (show if): [tx_classi_yes_no] = '1'
and [hla_a_yes_no_tx] = '1' and [addl_hla_a_dsa_tx] =
'1' and [tx_classi_amfititer2(2)] = '1'}

○ {1} 1:2
○ {2} 1:4
○ {3} 1:8
○ {4} 1:16
○ {5} 1:32
○ {6} 1:64
○ {7} 1:128
○ {8} 1:256

C1q MFI

_____

{[tx_c1q_amfi_2] text (integer Max: 50000) Required}
{Branching logic (show if): [tx_classi_yes_no] = '1'
and [hla_a_yes_no_tx] = '1' and [addl_hla_a_dsa_tx] =
'1' and [tx_classi_amfititer2(3)] = '1'}

Were anti-HLA B donor specific antibodies present?　　　○ {1} Yes　　○ {0} No

{[hlab_dsa_yes_no_tx] radio Required}
{Branching logic (show if): [tx_classi_yes_no] = '1'}

Anti-HLA B Donor Specific Antibodies　　Class I HLA Ab B Specificity _____ MFI or Titer Reported _____

{Branching logic (show if): [tx_classi_yes_no] = '1' and [hlab_dsa_yes_no_tx] = '1'}

Reported MFI

_____

{[tx_classi_bmfi1] text (integer Max: 50000)
Required}
{Branching logic (show if): [tx_classi_yes_no] = '1'
and [hlab_dsa_yes_no_tx] = '1' and
[tx_classi_bmfititer1(1)] = '1'}

Reported Titer {[tx_classi_btiter1] radio Required} {Branching logic (show if): [tx_classi_yes_no] = '1' and [hlab_dsa_yes_no_tx] = '1' and [tx_classi_bmfititer1(2)] = '1'}	○ {1} 1:2 ○ {2} 1:4 ○ {3} 1:8 ○ {4} 1:16 ○ {5} 1:32 ○ {6} 1:64 ○ {7} 1:128 ○ {8} 1:256

C1q MFI

_____

{[tx_c1q_bmfi_1] text (integer Max: 50000) Required}
{Branching logic (show if): [tx_classi_yes_no] = '1'
and [hlab_dsa_yes_no_tx] = '1' and
[tx_classi_bmfititer1(3)] = '1'}

Were additional anti-HLA B donor-specific antibodies present?	○ {1} Yes ○ {0} No

{[addl_hla_b_dsa_tx] radio Required}
{Branching logic (show if): [tx_classi_yes_no] = '1'
and [hlab_dsa_yes_no_tx] = '1'}

Class I HLA Ab B Specificity _____ MFI or Titer Reported _____

{Branching logic (show if): [tx_classi_yes_no] = '1' and [hlab_dsa_yes_no_tx] = '1' and [addl_hla_b_dsa_tx] = '1'}

Reported MFI

_____

{[tx_classi_bmfi2] text (integer Max: 50000)
Required}
{Branching logic (show if): [tx_classi_yes_no] = '1'
and [hlab_dsa_yes_no_tx] = '1' and [addl_hla_b_dsa_tx]
= '1' and [tx_classi_bmfititer2(1)] = '1'}

Reported Titer {[tx_classi_btiter2] radio Required} {Branching logic (show if): [tx_classi_yes_no] = '1' and [hlab_dsa_yes_no_tx] = '1' and [addl_hla_b_dsa_tx] = '1' and [tx_classi_bmfititer2(2)] = '1'}	○ {1} 1:2 ○ {2} 1:4 ○ {3} 1:8 ○ {4} 1:16 ○ {5} 1:32 ○ {6} 1:64 ○ {7} 1:128 ○ {8} 1:256

C1q MFI

_____

{[tx_c1q_bmfi_2] text (integer Max: 50000) Required}
{Branching logic (show if): [tx_classi_yes_no] = '1'
and [hlab_dsa_yes_no_tx] = '1' and [addl_hla_b_dsa_tx]
= '1' and [tx_classi_bmfititer2(3)] = '1'}

Were anti-HLA C donor specific antibodies present?	○ {1} Yes ○ {0} No

{[hlac_dsa_yes_no_tx] radio Required}
{Branching logic (show if): [tx_classi_yes_no] = '1'}

Anti-HLA C Donor Specific Antibodies   Class I HLA Ab C Specificity _____

   MFI or Titer Reported _____

{Branching logic (show if): [tx_classi_yes_no] = '1' and [hlac_dsa_yes_no_tx] = '1'}

Reported MFI

_____

{[tx_classi_cmfi1] text (integer Max: 50000)
Required}
{Branching logic (show if): [tx_classi_yes_no] = '1'
and [hlac_dsa_yes_no_tx] = '1' and
[tx_classi_cmfititer1(1)] = '1'}

Reported Titer

{[tx_classi_ctiter1] radio Required}
{Branching logic (show if): [tx_classi_yes_no] = '1'
and [hlac_dsa_yes_no_tx] = '1' and
[tx_classi_cmfititer1(2)] = '1'}

○ {1} 1:2
○ {2} 1:4
○ {3} 1:8
○ {4} 1:16
○ {5} 1:32
○ {6} 1:64
○ {7} 1:128
○ {8} 1:256

C1q MFI

_____

{[tx_c1q_cmfi_1] text (integer Max: 50000) Required}
{Branching logic (show if): [tx_classi_yes_no] = '1'
and [hlac_dsa_yes_no_tx] = '1' and
[tx_classi_cmfititer1(3)] = '1'}

Were additional anti-HLA C donor-specific antibodies present?

○ {1} Yes
○ {0} No

{[addl_hla_c_dsa_tx] radio Required}
{Branching logic (show if): [tx_classi_yes_no] = '1'
and [hlac_dsa_yes_no_tx] = '1'}

Class I HLA Ab C Specificity _____ MFI or Titer Reported _____

{Branching logic (show if): [tx_classi_yes_no] = '1' and [hlac_dsa_yes_no_tx] = '1' and [addl_hla_c_dsa_tx] = '1'}

Reported MFI

_____

{[tx_classi_cmfi2] text (integer Max: 50000)
Required}
{Branching logic (show if): [tx_classi_yes_no] = '1'
and [hlac_dsa_yes_no_tx] = '1' and [addl_hla_c_dsa_tx]
= '1' and [tx_classi_cmfititer2(1)] = '1'}

Reported Titer

{[tx_classi_ctiter2] radio Required}
{Branching logic (show if): [tx_classi_yes_no] = '1'
and [hlac_dsa_yes_no_tx] = '1' and [addl_hla_c_dsa_tx]
= '1' and [tx_classi_cmfititer2(2)] = '1'}

○ {1} 1:2
○ {2} 1:4
○ {3} 1:8
○ {4} 1:16
○ {5} 1:32
○ {6} 1:64
○ {7} 1:128
○ {8} 1:256

C1q MFI

_____

{[tx_c1q_cmfi_2] text (integer Max: 50000) Required}
{Branching logic (show if): [tx_classi_yes_no] = '1'
and [hlac_dsa_yes_no_tx] = '1' and [addl_hla_c_dsa_tx]
= '1' and [tx_classi_cmfititer2(3)] = '1'}

Were anti-HLA Bw donor specific antibodies present?　　◯ {1} Yes
◯ {0} No

{[hlabw_dsa_yes_no_tx] radio Required}
{Branching logic (show if): [tx_classi_yes_no] = '1'}

Anti-HLA Bw Donor Specific Antibodies   Class I HLA Ab Bw Specificity _____ MFI or Titer Reported _____

{Branching logic (show if): [tx_classi_yes_no] = '1' and [hlabw_dsa_yes_no_tx] = '1'}

Reported MFI

_____

{[tx_classi_bwmfi1] text (integer Max: 50000)
Required}
{Branching logic (show if): [tx_classi_yes_no] = '1'
and [hlabw_dsa_yes_no_tx] = '1' and
[tx_classi_bwmfititer1(1)] = '1'}

Reported Titer

{[tx_classi_bwtiter1] radio Required}
{Branching logic (show if): [tx_classi_yes_no] = '1'
and [hlabw_dsa_yes_no_tx] = '1' and
[tx_classi_bwmfititer1(2)] = '1'}

◯ {1} 1:2
◯ {2} 1:4
◯ {3} 1:8
◯ {4} 1:16
◯ {5} 1:32
◯ {6} 1:64
◯ {7} 1:128
◯ {8} 1:256

C1q MFI

_____

{[tx_c1q_bwmfi_1] text (integer Max: 50000) Required}

{Branching logic (show if): [tx_classi_yes_no] = '1'
and [hlabw_dsa_yes_no_tx] = '1' and
[tx_classi_bwmfititer1(3)] = '1'}

Were additional anti-HLA Bw donor specific antibodies
present?　　◯ {1} Yes
◯ {0} No

{[addl_hla_bw_dsa_tx] radio Required}
{Branching logic (show if): [tx_classi_yes_no] = '1'
and [hlabw_dsa_yes_no_tx] = '1'}

Class I HLA Ab Bw Specificity _____ MFI or Titer Reported _____

{Branching logic (show if): [tx_classi_yes_no] = '1' and [hlabw_dsa_yes_no_tx] = '1' and [addl_hla_bw_dsa_tx] = '1'}

Reported MFI

_____

{[tx_classi_bwmfi2] text (integer Max: 50000)
Required}
{Branching logic (show if): [tx_classi_yes_no] = '1'
and [hlabw_dsa_yes_no_tx] = '1' and
[addl_hla_bw_dsa_tx] = '1' and
[tx_classi_bwmfititer2(1)] = '1'}

Reported Titer

- ○ {1} 1:2
- ○ {2} 1:4
- ○ {3} 1:8
- ○ {4} 1:16
- ○ {5} 1:32
- ○ {6} 1:64
- ○ {7} 1:128
- ○ {8} 1:256

{[tx_classi_bwtiter2] radio Required}
{Branching logic (show if): [tx_classi_yes_no] = '1'
and [hlabw_dsa_yes_no_tx] = '1' and
[addl_hla_bw_dsa_tx] = '1' and
[tx_classi_bwmfititer2(2)] = '1'}

C1q MFI

_____

{[tx_c1q_bwmfi_2] text (integer Max: 50000) Required}

{Branching logic (show if): [tx_classi_yes_no] = '1'
and [hlabw_dsa_yes_no_tx] = '1' and
[addl_hla_bw_dsa_tx] = '1' and
[tx_classi_bwmfititer2(3)] = '1'}

CLASS II ANTI-HLA DONOR SPECIFIC ANTIBODIES

Class II anti-HLA donor-specific antibody present?

- ○ {1} Yes
- ○ {0} No

{[tx_classii_yes_no] radio Required}

Were anti-HLA DRB donor specific antibodies present?

- ○ {1} Yes
- ○ {0} No

{[hladrb_dsa_yes_no_tx] radio Required}
{Branching logic (show if): [tx_classii_yes_no] = '1'}

Anti-HLA DRB Donor Specific Antibodies   Class II HLA Ab DRB Specificity _____ MFI or Titer Reported _____

{Branching logic (show if): [tx_classii_yes_no] = '1' and [hladrb_dsa_yes_no_tx] = '1'}

Reported MFI

_____

{[tx_classii_drbmfi1] text (integer Max: 50000)
Required}
{Branching logic (show if): [tx_classii_yes_no] = '1'
and [hladrb_dsa_yes_no_tx] = '1' and
[tx_classii_drbmfititer1(1)] = '1'}

Reported Titer	○ {1} 1:2
	○ {2} 1:4
	○ {3} 1:8
{[tx_classii_drbtiter1] radio Required}	○ {4} 1:16
{Branching logic (show if): [tx_classii_yes_no] = '1'	○ {5} 1:32
and [hladrb_dsa_yes_no_tx] = '1' and	○ {6} 1:64
[tx_classii_drbmfititer1(2)] = '1'}	○ {7} 1:128
	○ {8} 1:256

C1q MFI

_____

{[tx_c1q_drbmfi1] text (integer Max: 50000) Required}

{Branching logic (show if): [tx_classii_yes_no] = '1'
and [hladrb_dsa_yes_no_tx] = '1' and
[tx_classii_drbmfititer1(3)] = '1'}

| Were additional anti-HLA DRB donor specific antibodies present? | ○ {1} Yes |
| | ○ {0} No |

{[addl_hla_drb_dsa_tx] radio Required}
{Branching logic (show if): [tx_classii_yes_no] = '1'
and [hladrb_dsa_yes_no_tx] = '1'}

Class II HLA Ab DRB Specificity _____ MFI or Titer Reported _____

{Branching logic (show if): [tx_classii_yes_no] = '1' and [hladrb_dsa_yes_no_tx] = '1' and [addl_hla_drb_dsa_tx] = '1'}

Reported MFI

_____

{[tx_classii_drbmfi2] text (integer Max: 50000)
Required}
{Branching logic (show if): [tx_classii_yes_no] = '1'
and [hladrb_dsa_yes_no_tx] = '1' and
[addl_hla_drb_dsa_tx] = '1' and
[tx_classii_drbmfititer2(1)] = '1'}

Reported Titer	○ {1} 1:2
	○ {2} 1:4
	○ {3} 1:8
{[tx_classii_drbtiter2] radio Required}	○ {4} 1:16
{Branching logic (show if): [tx_classii_yes_no] = '1'	○ {5} 1:32
and [hladrb_dsa_yes_no_tx] = '1' and	○ {6} 1:64
[addl_hla_drb_dsa_tx] = '1' and	○ {7} 1:128
[tx_classii_drbmfititer2(2)] = '1'}	○ {8} 1:256

C1q MFI

_____

{[tx_c1q_drbmfi2] text (integer Max: 50000) Required}

{Branching logic (show if): [tx_classii_yes_no] = '1'
and [hladrb_dsa_yes_no_tx] = '1' and
[addl_hla_drb_dsa_tx] = '1' and
[tx_classii_drbmfititer2(3)] = '1'}

| Were anti-HLA DPA donor specific antibodies present? | ◯ {1} Yes |
| | ◯ {0} No |

{[hladpa_dsa_yes_no_tx] radio Required}
{Branching logic (show if): [tx_classii_yes_no] = '1'}

Anti-HLA DPA Donor Specific Antibodies   Class II HLA Ab DPA Specificity _____ MFI or Titer Reported _____

{Branching logic (show if): [tx_classii_yes_no] = '1' and [hladpa_dsa_yes_no_tx] = '1'}

Reported MFI

_____

{[tx_classii_dpamfi1] text (integer Max: 50000) Required}
{Branching logic (show if): [tx_classii_yes_no] = '1' and [hladpa_dsa_yes_no_tx] = '1' and [tx_classii_dpamfititer1(1)] = '1'}

Reported Titer	◯ {1} 1:2
	◯ {2} 1:4
	◯ {3} 1:8
{[tx_classii_dpatiter1] radio Required}	◯ {4} 1:16
{Branching logic (show if): [tx_classii_yes_no] = '1'	◯ {5} 1:32
and [hladpa_dsa_yes_no_tx] = '1' and	◯ {6} 1:64
[tx_classii_dpamfititer1(2)] = '1'}	◯ {7} 1:128
	◯ {8} 1:256

C1q MFI

_____

{[tx_c1q_dpamfi1] text (integer Max: 50000) Required}

{Branching logic (show if): [tx_classii_yes_no] = '1' and [hladpa_dsa_yes_no_tx] = '1' and [tx_classii_dpamfititer1(3)] = '1'}

| Were additional anti-HLA DPA donor specific antibodies present? | ◯ {1} Yes |
| | ◯ {0} No |

{[addl_hla_dpa_dsa_tx] radio Required}
{Branching logic (show if): [tx_classii_yes_no] = '1' and [hladpa_dsa_yes_no_tx] = '1'}

Class II HLA Ab DPA Specificity _____ MFI or Titer Reported _____

{Branching logic (show if): [tx_classii_yes_no] = '1' and [hladpa_dsa_yes_no_tx] = '1' and [addl_hla_dpa_dsa_tx] = '1'}

Reported MFI

_____

{[tx_classii_dpamfi2] text (integer Max: 50000) Required}
{Branching logic (show if): [tx_classii_yes_no] = '1' and [hladpa_dsa_yes_no_tx] = '1' and [addl_hla_dpa_dsa_tx] = '1' and [tx_classii_dpamfititer2(1)] = '1'}

Reported Titer

{[tx_classii_dpatiter2] radio Required}
{Branching logic (show if): [tx_classii_yes_no] = '1'
and [hladpa_dsa_yes_no_tx] = '1' and
[addl_hla_dpa_dsa_tx] = '1' and
[tx_classii_dpamfititer2(2)] = '1'}

- ○ {1} 1:2
- ○ {2} 1:4
- ○ {3} 1:8
- ○ {4} 1:16
- ○ {5} 1:32
- ○ {6} 1:64
- ○ {7} 1:128
- ○ {8} 1:256

C1q MFI

_____

{[tx_c1q_dpamfi2] text (integer Max: 50000) Required}

{Branching logic (show if): [tx_classii_yes_no] = '1'
and [hladpa_dsa_yes_no_tx] = '1' and
[addl_hla_dpa_dsa_tx] = '1' and
[tx_classii_dpamfititer2(3)] = '1'}

Were anti-HLA DPB donor specific antibodies present?

{[hladpb_dsa_yes_no_tx] radio Required}
{Branching logic (show if): [tx_classii_yes_no] = '1'}

- ○ {1} Yes
- ○ {0} No

Anti-HLA DPB Donor Specific Antibodies   Class II HLA Ab DPB Specificity _____ MFI or Titer Reported _____

{Branching logic (show if): [tx_classii_yes_no] = '1' and [hladpb_dsa_yes_no_tx] = '1'}

Reported MFI

_____

{[tx_classii_dpbmfi1] text (integer Max: 50000)
Required}
{Branching logic (show if): [tx_classii_yes_no] = '1'
and [hladpb_dsa_yes_no_tx] = '1' and
[tx_classii_dpbmfititer1(1)] = '1'}

Reported Titer

{[tx_classii_dpbtiter1] radio Required}
{Branching logic (show if): [tx_classii_yes_no] = '1'
and [hladpb_dsa_yes_no_tx] = '1' and
[tx_classii_dpbmfititer1(2)] = '1'}

- ○ {1} 1:2
- ○ {2} 1:4
- ○ {3} 1:8
- ○ {4} 1:16
- ○ {5} 1:32
- ○ {6} 1:64
- ○ {7} 1:128
- ○ {8} 1:256

C1q MFI

_____

{[tx_c1q_dpbmfi1] text (integer Max: 50000) Required}

{Branching logic (show if): [tx_classii_yes_no] = '1'
and [hladpb_dsa_yes_no_tx] = '1' and
[tx_classii_dpbmfititer1(3)] = '1'}

Were additional anti-HLA DPB donor specific antibodies present?

◯ {1} Yes
◯ {0} No

{[addl_hla_dpb_dsa_tx] radio Required}
{Branching logic (show if): [tx_classii_yes_no] = '1'
and [hladpb_dsa_yes_no_tx] = '1'}

Class II HLA Ab DPB Specificity _____ MFI or Titer Reported _____

{Branching logic (show if): [tx_classii_yes_no] = '1' and [hladpb_dsa_yes_no_tx] = '1' and [addl_hla_dpb_dsa_tx] = '1'}

Reported MFI

_____

{[tx_classii_dpbmfi2] text (integer Max: 50000)
Required}
{Branching logic (show if): [tx_classii_yes_no] = '1'
and [hladpb_dsa_yes_no_tx] = '1' and
[addl_hla_dpb_dsa_tx] = '1' and
[tx_classii_dpbmfititer2(1)] = '1'}

Reported Titer

{[tx_classii_dpbtiter2] radio Required}
{Branching logic (show if): [tx_classii_yes_no] = '1'
and [hladpb_dsa_yes_no_tx] = '1' and
[addl_hla_dpb_dsa_tx] = '1' and
[tx_classii_dpbmfititer2(2)] = '1'}

◯ {1} 1:2
◯ {2} 1:4
◯ {3} 1:8
◯ {4} 1:16
◯ {5} 1:32
◯ {6} 1:64
◯ {7} 1:128
◯ {8} 1:256

C1q MFI

_____

{[tx_c1q_dpbmfi2] text (integer Max: 50000) Required}

{Branching logic (show if): [tx_classii_yes_no] = '1'
and [hladpb_dsa_yes_no_tx] = '1' and
[addl_hla_dpb_dsa_tx] = '1' and
[tx_classii_dpbmfititer2(3)] = '1'}

Were anti-HLA DQA donor specific antibodies present?

◯ {1} Yes
◯ {0} No

{[hladqa_dsa_yes_no_tx] radio Required}
{Branching logic (show if): [tx_classii_yes_no] = '1'}

Anti-HLA DQA Donor Specific Antibodies   Class II HLA Ab DQA Specificity _____ MFI or Titer Reported _____

{Branching logic (show if): [tx_classii_yes_no] = '1' and [hladqa_dsa_yes_no_tx] = '1'}

Reported MFI

_____

{[tx_classii_dqamfi1] text (integer Max: 50000)
Required}
{Branching logic (show if): [tx_classii_yes_no] = '1'
and [hladqa_dsa_yes_no_tx] = '1' and
[tx_classii_dqamfititer1(1)] = '1'}

REDCap

Reported Titer	○ {1} 1:2
	○ {2} 1:4
	○ {3} 1:8
{[tx_classii_dqatiter1] radio Required}	○ {4} 1:16
{Branching logic (show if): [tx_classii_yes_no] = '1'	○ {5} 1:32
and [hladqa_dsa_yes_no_tx] = '1' and	○ {6} 1:64
[tx_classii_dqamfititer1(2)] = '1'}	○ {7} 1:128
	○ {8} 1:256

C1q MFI

_____

{[tx_c1q_dqamfi1] text (integer Max: 50000) Required}

{Branching logic (show if): [tx_classii_yes_no] = '1'
and [hladqa_dsa_yes_no_tx] = '1' and
[tx_classii_dqamfititer1(3)] = '1'}

| Were additional anti-HLA DQA donor specific antibodies present? | ○ {1} Yes |
| | ○ {0} No |

{[addl_hla_dqa_dsa_tx] radio Required}
{Branching logic (show if): [tx_classii_yes_no] = '1'
and [hladqa_dsa_yes_no_tx] = '1'}

Class II HLA Ab DQA Specificity _____ MFI or Titer Reported _____

{Branching logic (show if): [tx_classii_yes_no] = '1' and [hladqa_dsa_yes_no_tx] = '1' and [addl_hla_dqa_dsa_tx] = '1'}

Reported MFI

_____

{[tx_classii_dqamfi2] text (integer Max: 50000)
Required}
{Branching logic (show if): [tx_classii_yes_no] = '1'
and [hladqa_dsa_yes_no_tx] = '1' and
[addl_hla_dqa_dsa_tx] = '1' and
[tx_classii_dqamfititer2(1)] = '1'}

Reported Titer	○ {1} 1:2
	○ {2} 1:4
	○ {3} 1:8
{[tx_classii_dqatiter2] radio Required}	○ {4} 1:16
{Branching logic (show if): [tx_classii_yes_no] = '1'	○ {5} 1:32
and [hladqa_dsa_yes_no_tx] = '1' and	○ {6} 1:64
[addl_hla_dqa_dsa_tx] = '1' and	○ {7} 1:128
[tx_classii_dqamfititer2(2)] = '1'}	○ {8} 1:256

C1q MFI

_____

{[tx_c1q_dqamfi2] text (integer Max: 50000) Required}

{Branching logic (show if): [tx_classii_yes_no] = '1'
and [hladqa_dsa_yes_no_tx] = '1' and
[addl_hla_dqa_dsa_tx] = '1' and
[tx_classii_dqamfititer2(3)] = '1'}

REDCap

| Were anti-HLA DQB donor specific antibodies present? | ○ {1} Yes
○ {0} No |

{[hladqb_dsa_yes_no_tx] radio Required}
{Branching logic (show if): [tx_classii_yes_no] = '1'}

Anti-HLA DQB Donor Specific Antibodies   Class II HLA Ab DQB Specificity _____ MFI or Titer Reported _____

{Branching logic (show if): [tx_classii_yes_no] = '1' and [hladqb_dsa_yes_no_tx] = '1'}

Reported MFI

_____

{[tx_classii_dqbmfi1] text (integer Max: 50000)
Required}
{Branching logic (show if): [tx_classii_yes_no] = '1'
and [hladqb_dsa_yes_no_tx] = '1' and
[tx_classii_dqbmfititer1(1)] = '1'}

| Reported Titer | ○ {1} 1:2
○ {2} 1:4
○ {3} 1:8
○ {4} 1:16
○ {5} 1:32
○ {6} 1:64
○ {7} 1:128
○ {8} 1:256 |

{[tx_classii_dqbtiter1] radio Required}
{Branching logic (show if): [tx_classii_yes_no] = '1'
and [hladqb_dsa_yes_no_tx] = '1' and
[tx_classii_dqbmfititer1(2)] = '1'}

C1q MFI

_____

{[tx_c1q_dqbmfi1] text (integer Max: 50000) Required}

{Branching logic (show if): [tx_classii_yes_no] = '1'
and [hladqb_dsa_yes_no_tx] = '1' and
[tx_classii_dqbmfititer1(3)] = '1'}

| Were additional anti-HLA DQB donor specific antibodies present? | ○ {1} Yes
○ {0} No |

{[addl_hla_dqb_dsa_tx] radio Required}
{Branching logic (show if): [tx_classii_yes_no] = '1'
and [hladqb_dsa_yes_no_tx] = '1'}

Class II HLA Ab DQB Specificity _____ MFI or Titer Reported _____

{Branching logic (show if): [tx_classii_yes_no] = '1' and [hladqb_dsa_yes_no_tx] = '1' and [addl_hla_dqb_dsa_tx] = '1'}

Reported MFI

_____

{[tx_classii_dqbmfi2] text (integer Max: 50000)
Required}
{Branching logic (show if): [tx_classii_yes_no] = '1'
and [hladqb_dsa_yes_no_tx] = '1' and
[addl_hla_dqb_dsa_tx] = '1' and
[tx_classii_dqbmfititer2(1)] = '1'}

Reported Titer	◯ {1} 1:2
	◯ {2} 1:4
	◯ {3} 1:8
{[tx_classii_dqbtiter2] radio Required}	◯ {4} 1:16
{Branching logic (show if): [tx_classii_yes_no] = '1'	◯ {5} 1:32
and [hladqb_dsa_yes_no_tx] = '1' and	◯ {6} 1:64
[addl_hla_dqb_dsa_tx] = '1' and	◯ {7} 1:128
[tx_classii_dqbmfititer2(2)] = '1'}	◯ {8} 1:256

C1q MFI

_____

{[tx_c1q_dqbmfi2] text (integer Max: 50000) Required}

{Branching logic (show if): [tx_classii_yes_no] = '1'
and [hladqb_dsa_yes_no_tx] = '1' and
[addl_hla_dqb_dsa_tx] = '1' and
[tx_classii_dqbmfititer2(3)] = '1'}

Were anti-HLA DRB345 donor specific antibodies present?	◯ {1} Yes
	◯ {0} No

{[hladrb345_dsa_yes_no_tx] radio Required}
{Branching logic (show if): [tx_classii_yes_no] = '1'}

Anti-HLA DRB345 Donor Specific Antibodies   Class II HLA Ab DRB345 Specificity _____ MFI or Titer Reported _____

{Branching logic (show if): [tx_classii_yes_no] = '1' and [hladrb345_dsa_yes_no_tx] = '1'}

Reported MFI

_____

{[tx_classii_drb345mfi1] text (integer Max: 50000)
Required}
{Branching logic (show if): [tx_classii_yes_no] = '1'
and [hladrb345_dsa_yes_no_tx] = '1' and
[tx_classii_drb345mfititer1(1)] = '1'}

Reported Titer	◯ {1} 1:2
	◯ {2} 1:4
	◯ {3} 1:8
{[tx_classii_d4b345titer1] radio Required}	◯ {4} 1:16
{Branching logic (show if): [tx_classii_yes_no] = '1'	◯ {5} 1:32
and [hladrb345_dsa_yes_no_tx] = '1' and	◯ {6} 1:64
[tx_classii_drb345mfititer1(2)] = '1'}	◯ {7} 1:128
	◯ {8} 1:256

C1q MFI

_____

{[c1q_drb345mfi1_tx] text (integer Max: 50000)
Required}
{Branching logic (show if): [tx_classii_yes_no] = '1'
and [hladrb345_dsa_yes_no_tx] = '1' and
[tx_classii_drb345mfititer1(3)] = '1'}

Were additional anti-HLA DRB345 donor specific antibodies present?

○ {1} Yes
○ {0} No

{[addl_hla_drb345_dsa_tx] radio Required}
{Branching logic (show if): [tx_classii_yes_no] = '1' and [hladrb345_dsa_yes_no_tx] = '1'}

Class II HLA Ab DRB345 Specificity _____ MFI or Titer Reported _____

{Branching logic (show if): [tx_classii_yes_no] = '1' and [hladrb345_dsa_yes_no_tx] = '1' and [addl_hla_drb345_dsa_tx] = '1'}

Reported MFI

_____

{[tx_classii_drb345mfi2] text (integer Max: 50000) Required}
{Branching logic (show if): [tx_classii_yes_no] = '1' and [hladrb345_dsa_yes_no_tx] = '1' and [addl_hla_drb345_dsa_tx] = '1' and [tx_classii_drb345mfititer2(1)] = '1'}

Reported Titer

{[tx_classii_d4b345titer2] radio Required}
{Branching logic (show if): [tx_classii_yes_no] = '1' and [hladrb345_dsa_yes_no_tx] = '1' and [addl_hla_drb345_dsa_tx] = '1' and [tx_classii_drb345mfititer2(2)] = '1'}

○ {1} 1:2
○ {2} 1:4
○ {3} 1:8
○ {4} 1:16
○ {5} 1:32
○ {6} 1:64
○ {7} 1:128
○ {8} 1:256

C1q MFI

_____

{[tx_c1q_drb345mfi2] text (integer Max: 50000) Required}
{Branching logic (show if): [tx_classii_yes_no] = '1' and [hladrb345_dsa_yes_no_tx] = '1' and [addl_hla_drb345_dsa_tx] = '1' and [tx_classii_drb345mfititer2(3)] = '1'}

Hospital Readmission

Hospital readmission date

_____

{[hosp_readmit_date] text (date_mdy) Required}

Visit Timepoint

{[hospvstmpt] dropdown Required}

○ {1} Transplant
○ {2} Transplant Hospital Discharge
○ {3} Month 3
○ {4} Month 12
○ {5} Annual Visit (Year 2)
○ {6} Annual Visit (Year 3)
○ {7} Annual Visit (Year 4)

Hospital readmission indication(s)

{[readmit_indic] checkbox Required}

☐ {1} Respiratory
☐ {2} Non-respiratory

Respiratory indication(s) for admission

{[resp_indic] checkbox Required}
{Branching logic (show if): [readmit_indic(1)] = '1'}

☐ {1} Rejection treatment
☐ {2} Infection suspected
☐ {3} Pleural process (pneumothorax, pleural effusion)
☐ {4} Aspiration pneumonitis
☐ {5} Other respiratory problem

Specify other respiratory problem

_____

{[oth_resp_problem] text Required}
{Branching logic (show if): [resp_indic(5)] = '1'}

Non-respiratory indication(s) for admission

{[nonresp_indic] checkbox Required}
{Branching logic (show if): [readmit_indic(2)] = '1'}

☐ {1} Immunosuppression (toxicity/side effects)
☐ {2} Cardiovascular problem
☐ {3} Fever
☐ {4} Fluid/electrolyte imbalance
☐ {5} Hyper/hypoglycemia
☐ {6} Neurologic symptoms
☐ {7} Anemia/bleeding
☐ {8} Nutrition
☐ {9} Abdominal symptoms (nausea/vomiting/diarrhea/constipation)
☐ {10} Abdominal process (small bowel obstruction, pneumatosis)
☐ {11} Esophageal reflux - need for surgery
☐ {12} Dysphagia/aspiration
☐ {13} Other non-respiratory problem

Specify other non-respiratory problem

_____

{[oth_nonresp_problem] text Required}
{Branching logic (show if): [nonresp_indic(13)] = '1'}

Did the recipient undergo intubation during the hospitalization?

{[reintub_yes_no] radio Required}

○ {1} Yes
○ {0} No

Intubation date

_____

{[readmit_intubation] text (date_mdy)}
{Branching logic (show if): [reintub_yes_no] = '1'}

Extubation date

_____

{[extub_date_readmit] text (date_mdy)}
{Branching logic (show if): [reintub_yes_no] = '1'}

Was ECMO deployed during the hospital readmission?

○ {1} Yes
○ {0} No

{[ecmo_yes_no] radio Required}

ECMO deployed date

_____

{[ecmo_readmit_start] text (date_mdy)}
{Branching logic (show if): [ecmo_yes_no] = '1'}

ECMO decannulation date

_____

{[ecmo_decan_date] text (date_mdy)}
{Branching logic (show if): [ecmo_yes_no] = '1'}

Hospital discharge date

_____

{[readmit_dc_date] text (date_mdy) Required}

Discharge destination

○ {1} Home
○ {2} Acute rehabilitation facility
○ {3} Skilled nursing/long term care facility
○ {4} Ventilator weaning facility
○ {5} Deceased
○ {6} Retransplant of the lungs
○ {7} Other

{[dc_dest_readmit] radio Required}

Specify other discharge destination

_____

{[oth_dc_dest] text Required}
{Branching logic (show if): [dc_dest_readmit] = '7'}

Please complete a death form for this recipient

{Branching logic (show if): [dc_dest_readmit] = '5'}

Please complete a retransplant form for this recipient

{Branching logic (show if): [dc_dest_readmit] = '6'}

Bronchoscopy

Bronchoscopy date

_____

{[bronch_date] text (date_mdy) Required}

Visit Timepoint

{[bronchvstmpt] dropdown Required}

◯ {1} Transplant
◯ {2} Transplant Hospital Discharge
◯ {3} Month 3
◯ {4} Month 12
◯ {5} Annual Visit (Year 2)
◯ {6} Annual Visit (Year 3)
◯ {7} Annual Visit (Year 4)

Bronchoscopy reason

{[bronch_reason] radio Required}

◯ {1} Surveillance (protocol based including f/u for acute rejection/no new or worsening signs/symptoms)
◯ {2} For cause
◯ {3} Not specified

Anastomosis examination - right lung

{[anast_exam_right] checkbox Required}

☐ {1} Normal
☐ {2} Ischemia
☐ {3} Necrosis
☐ {4} Dehiscence
☐ {5} Stenosis
☐ {6} Malacia
☐ {7} Not performed

Ischemia location - right lung

{[isch_loc_right] checkbox Required}
{Branching logic (show if): [anast_exam_right(2)] = '1'}

☐ {1} Perianastomotic
☐ {2} Extending > 1 cm to major areas
☐ {3} Extending > 1 cm to lobar/segmental airway
☐ {4} Not specified

Ischemia extent - right lung

{[isch_ext_right] radio Required}
{Branching logic (show if): [anast_exam_right(2)] = '1'}

◯ {1} < 50% circumferential
◯ {2} 50-100% circumferential
◯ {3} Not specified

Necrosis location - right lung

{[necr_loc_right] checkbox Required}
{Branching logic (show if): [anast_exam_right(3)] = '1'}

☐ {1} Perianastomotic
☐ {2} Extending > 1 cm to major areas
☐ {3} Extending > 1 cm to lobar/segmental airway
☐ {4} Not specified

Necrosis extent - right lung

{[necr_ext_right] radio Required}
{Branching logic (show if): [anast_exam_right(3)] = '1'}

◯ {1} < 50% circumferential
◯ {2} 50-100% circumferential
◯ {3} Not specified

| Dehiscence location - right lung | ☐ {1} Cartilaginous |
| | ☐ {2} Membranous |

{[dehis_loc_right] checkbox Required}
{Branching logic (show if): [anast_exam_right(4)] = '1'}

Dehiscence extent - right lung	◯ {1} 0-25%
	◯ {2} 26-50%
	◯ {3} 51-75%
{[dehis_ext_right] radio Required}	◯ {4} >75%
{Branching logic (show if): [anast_exam_right(4)] = '1'}	◯ {5} Not specified

---

| Was an intervention performed for the dehiscence? (i.e., stent during bronch, re-operation) | ◯ {1} Yes |
| | ◯ {0} No |

{[dehis_int_right] radio Required}
{Branching logic (show if): [anast_exam_right(4)] = '1'}

Stenosis location - right lung	☐ {1} Anastomotic
	☐ {2} Lobar/segmental
	☐ {3} Not specified

{[sten_loc_right] checkbox Required}
{Branching logic (show if): [anast_exam_right(5)] = '1'}

Stenosis extent - right lung	◯ {1} 0-25%
	◯ {2} 26-50%
	◯ {3} >50%
{[sten_ext_right] radio Required}	◯ {4} 100% obstruction
{Branching logic (show if): [anast_exam_right(5)] = '1'}	◯ {5} Not specified

---

| Was an intervention performed for the stenosis during the bronch (i.e. balloon dilation, stent)? | ◯ {1} Yes |
| | ◯ {0} No |

{[sten_int_r_yes_no] radio Required}
{Branching logic (show if): [anast_exam_right(5)] = '1'}

| Intervention for stenosis | ☐ {1} Balloon dilation |
| | ☐ {2} Stenting |

{[sten_int_right] checkbox Required}
{Branching logic (show if): [sten_int_r_yes_no] = '1'}

| Malacia location - right lung | ☐ {1} Perianastomotic |
| | ☐ {2} Diffuse |

{[malac_loc_right] checkbox Required}
{Branching logic (show if): [anast_exam_right(6)] = '1'}

Anastomosis examination - left lung	☐ {1} Normal
	☐ {2} Ischemia
	☐ {3} Necrosis
{[anast_exam_left] checkbox Required}	☐ {4} Dehiscence
	☐ {5} Stenosis
	☐ {6} Malacia
	☐ {7} Not performed

Ischemia location - left lung	☐ {1} Perianastomotic
	☐ {2} Extending > 1 cm to major areas
	☐ {3} Extending > 1 cm to lobar/segmental airway
{[isch_loc_left] checkbox Required}	☐ {4} Not specified
{Branching logic (show if): [anast_exam_left(2)] = '1'}	

Ischemia extent - left lung	◯ {1} < 50% circumferential
	◯ {2} 50-100% circumferential
	◯ {3} Not specified
{[isch_ext_left] radio Required}	
{Branching logic (show if): [anast_exam_left(2)] = '1'}	

Necrosis location - left lung	☐ {1} Perianastomotic
	☐ {2} Extending > 1 cm to major areas
	☐ {3} Extending > 1 cm to lobar/segmental airway
{[necr_loc_left] checkbox Required}	☐ {4} Not specified
{Branching logic (show if): [anast_exam_left(3)] = '1'}	

Necrosis extent - left lung	◯ {1} < 50% circumferential
	◯ {2} 50-100% circumferential
	◯ {3} Not specified
{[necr_ext_left] radio Required}	
{Branching logic (show if): [anast_exam_left(3)] = '1'}	

Dehiscence location - left lung	☐ {1} Cartilaginous
	☐ {2} Membranous
{[dehis_loc_left] checkbox Required}	
{Branching logic (show if): [anast_exam_left(4)] = '1'}	

Dehiscence extent - left lung	◯ {1} 0-25%
	◯ {2} 26-50%
	◯ {3} 51-75%
{[dehis_ext_left] radio Required}	◯ {4} >75%
{Branching logic (show if): [anast_exam_left(4)] = '1'}	◯ {5} Not specified

Was an intervention performed for the dehiscence? (i.e., stent during bronch, re-operation)	◯ {1} Yes
	◯ {0} No
{[dehis_int_left] radio Required}	
{Branching logic (show if): [anast_exam_left(4)] = '1'}	

Stenosis location - left lung {[sten_loc_left] checkbox Required} {Branching logic (show if): [anast_exam_left(5)] = '1'}	☐ {1} Anastomotic ☐ {2} Lobar/segmental ☐ {3} Not specified
Stenosis extent - left lung {[sten_ext_left] radio Required} {Branching logic (show if): [anast_exam_left(5)] = '1'}	◯ {1} 0-25% ◯ {2} 26-50% ◯ {3} >50 % ◯ {4} 100% obstruction ◯ {5} Not specified
Was an intervention performed for the stenosis during the bronch (i.e. balloon dilation, stent)? {[sten_int_l_yes_no] radio Required} {Branching logic (show if): [anast_exam_left(5)] = '1'}	◯ {1} Yes ◯ {0} No
Intervention performed for stenosis {[sten_int_left] checkbox Required} {Branching logic (show if): [sten_int_l_yes_no] = '1'}	☐ {1} Balloon dilation ☐ {2} Stenting
Malacia location - left lung {[malac_loc_left] checkbox Required} {Branching logic (show if): [anast_exam_left(6)] = '1'}	☐ {1} Perianastomotic ☐ {2} Diffuse
Other procedures performed during the bronchoscopy {[oth_bronch_proc] checkbox Required}	☐ {1} Transbronchial biopsy ☐ {2} Endobronchial biopsy ☐ {4} BAL ☐ {3} None of the above

Biopsy

Biopsy collection date

_____

{[biop_date] text (date_mdy) Required}

Visit Timepoint	◯ {1} Transplant
	◯ {2} Transplant Hospital Discharge
	◯ {3} Month 3
{[biopvstmpt] dropdown Required}	◯ {4} Month 12
	◯ {5} Annual Visit (Year 2)
	◯ {6} Annual Visit (Year 3)
	◯ {7} Annual Visit (Year 4)

Specimen type	◯ {1} Transbronchial
	◯ {2} Wedge biopsy (surgical lung biopsy)
{[biop_type] radio Required}	

TABLE OF PATHOLOGY TERMINOLOGY

Acute rejection (A grade rejection)	◯ {1} A0 - none
	◯ {2} A1 - minimal
	◯ {3} A2 - mild
{[a_grade] radio Required}	◯ {4} A3 - moderate
	◯ {5} A4 - severe
	◯ {6} Ax - ungradable

Small airway inflammation (B grade rejection)	◯ {1} B0 - none
	◯ {2} B1R - low grade lymphocytic bronchiolitis
	◯ {3} B2R - high grade lymphocytic bronchiolitis
{[b_grade] radio Required}	◯ {4} Bx - ungradable

Chronic airway rejection (C grade rejection)	◯ {1} C0 - absent
	◯ {2} C1 - present
	◯ {3} Not assessed
{[c_grade] radio Required}	

ADDITIONAL FINDINGS

Are additional findings present?   ◯ {1} Yes   ◯ {0} No

{[addl_find] radio Required}

Other Histopathological Findings

Acute lung injury   ◯ {1} Yes   ◯ {0} No

{[ali_biop] radio Required}
{Branching logic (show if): [addl_find] = '1'}

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Acute lung injury type	◯ {1} Acute
	◯ {2} Organizing
	◯ {3} Acute and organizing
{[ali_type] radio Required}	
{Branching logic (show if): [addl_find] = '1' AND	
[ali_biop] = '1'}	

Parenchymal fibrosis	◯ {1} Yes ◯ {0} No
{[fib_biop] radio Required}	
{Branching logic (show if): [addl_find] = '1'}	

Acute pneumonia	◯ {1} Yes ◯ {0} No
{[pneum_biop] radio Required}	
{Branching logic (show if): [addl_find] = '1'}	

Organizing pneumonia	◯ {1} Yes ◯ {0} No
{[op_biop] radio Required}	
{Branching logic (show if): [addl_find] = '1'}	

Capillary inflammation	◯ {1} Yes ◯ {0} No
{[ci_biop] radio Required}	
{Branching logic (show if): [addl_find] = '1'}	

Endothelialitis or arteritis	◯ {1} Yes ◯ {0} No
{[endo_biop] radio Required}	
{Branching logic (show if): [addl_find] = '1'}	

Features of aspiration or aspiration pneumonia	◯ {1} Yes ◯ {0} No
{[asp_biop] radio Required}	
{Branching logic (show if): [addl_find] = '1'}	

Eosinophils	◯ {1} Yes ◯ {0} No
{[eos_biop] radio Required}	
{Branching logic (show if): [addl_find] = '1'}	

Bronchus associated lymphoid tissue (BALT)	◯ {1} Yes ◯ {0} No
{[balt_biop] radio Required}	
{Branching logic (show if): [addl_find] = '1'}	

Suspicious for antibody mediated rejection (AMR)	◯ {1} Yes ◯ {0} No
{[amr_biop] radio Required}	
{Branching logic (show if): [addl_find] = '1'}	

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Post-transplant lymphoproliferative disorder (PTLD)　　　◯ {1} Yes　　◯ {0} No

{[ptld_biop] radio}
{Branching logic (show if): [addl_find] = '1'}

Microorganisms

Were microorganisms identified?　　　　　　　　　　　　◯ {1} Yes　　◯ {0} No

{[micro_biop] radio Required}
{Branching logic (show if): [addl_find] = '1'}

Which organisms were identified?

☐ {1} Cytomegalovirus (CMV)
☐ {2} Other viral organism
☐ {3} Bacterial organism
☐ {4} Fungal organism
☐ {5} Acid-fast bacterium

{[micro_ident_biop] checkbox Required}
{Branching logic (show if): [addl_find] = '1' and
[micro_biop] = '1'}

CMV confirmed by immunostain?　　　　　　　　　　　　◯ {1} Yes　　◯ {0} No

{[cmv_confirmed] radio Required}
{Branching logic (show if): [addl_find] = '1' and
[micro_biop] = '1' and [micro_ident_biop(1)] = '1'}

Specify other viral organism

_____

{[oth_vir_biop] text Required}
{Branching logic (show if): [addl_find] = '1' and
[micro_biop] = '1' and [micro_ident_biop(2)] = '1'}

Specify bacterial organism

_____

{[spec_bact_biop] text Required}
{Branching logic (show if): [addl_find] = '1' and
[micro_biop] = '1' and [micro_ident_biop(3)] = '1'}

Specify fungal organism

_____

{[spec_fung_biop] text Required}
{Branching logic (show if): [addl_find] = '1' and
[micro_biop] = '1' and [micro_ident_biop(4)] = '1'}

Specify acid-fast bacterium

_____

{[spec_afb_biop] text Required}
{Branching logic (show if): [addl_find] = '1' and
[micro_biop] = '1' and [micro_ident_biop(5)] = '1'}

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C4D Testing

Was an evaluation for C4D performed?   ◯ {1} Yes   ◯ {0} No

{[c4d_yes_no] radio Required}
{Branching logic (show if): [addl_find] = '1'}

C4D results   ◯ {1} Positive   ◯ {2} Negative

{[c4d_pos_neg] radio Required}
{Branching logic (show if): [addl_find] = '1' and
[c4d_yes_no] = '1'}

C4D positive result detail   ◯ {1} Focal (< =50%) endothelial staining in septal capillaries
◯ {2} Diffuse (>50%) endothelial staining in septal capillaries
{[c4d_detail] radio Required}
{Branching logic (show if): [addl_find] = '1' and
[c4d_yes_no] = '1' and [c4d_pos_neg] = '1'}   ◯ {3} Not specified

Microbiology

Microbiology date of collection

_____

{[micro_date] text (date_mdy) Required}

Visit Timepoint

{[microvstmpt] dropdown Required}

○ {1} Transplant
○ {2} Transplant Hospital Discharge
○ {3} Month 3
○ {4} Month 12
○ {5} Annual Visit (Year 2)
○ {6} Annual Visit (Year 3)
○ {7} Annual Visit (Year 4)

Microbiology source

{[micro_source] checkbox Required}

☐ {1} BAL
☐ {2} Sputum
☐ {3} ETA
☐ {4} Lung tissue
☐ {5} NP swab

Bacterial culture positive?

{[bact_pos] radio Required}

○ {1} Yes
○ {0} No
○ {3} Not tested

Bacterium species identified

{[bact_species] checkbox Required}
{Branching logic (show if): [bact_pos] = '1'}

☐ {1} Acinetobacter species
☐ {2} Alcaligenes or Achromobacter species
☐ {3} Burkholderia Gladioli
☐ {4} Burkholderia Cepecia
☐ {5} Burkholderia Multivorans
☐ {6} Corynebacterium species
☐ {7} Enterobacter species
☐ {8} Enterococcus species
☐ {9} Escherichia coli (E. Coli)
☐ {10} H. Parainfluenza
☐ {11} Haemophilus Influenzae
☐ {12} Klebsiella species
☐ {13} Legionella species
☐ {14} Nocardia species
☐ {15} Proteus, Morganella, Providencia species
☐ {16} Pseudomonas Aeruginosa
☐ {17} Pseudomonas other species
☐ {18} Serratia Marsescens
☐ {19} Staphylococcus Aureus MSSA
☐ {20} Staphylococcus Aureus MRSA
☐ {21} Staphylococcus other species
☐ {22} Stenotrophomonas Maltophilia
☐ {23} Streptococcus Pneumoniae
☐ {24} Streptococcus other species, including Viridans
☐ {25} Bacterial, other

Other bacterium

_____

{[oth_bact] text Required}
{Branching logic (show if): [bact_species(25)] = '1'}

Mycobacterial culture positive?	○ {1} Yes
	○ {0} No
	○ {3} Not tested
{[myco_bact_pos] radio Required}	

Mycobacterium species	☐ {1} Mycobacterium Abscessus
	☐ {2} Mycobacterium Avium Complex
	☐ {3} Mycobacterium Chelonae or Chelonae/Abscessus
{[mycobact_species] checkbox Required}	☐ {4} Mycobacterium Fortuitum
{Branching logic (show if): [myco_bact_pos] = '1'}	☐ {5} Mycobacterium Immunogenum
	☐ {6} Mycobacterium Kansasii
	☐ {7} Mycobacterium Tuberculosis
	☐ {8} Mycobacterium, other

Other mycobacterium

_____

{[oth_mycobact] text Required}
{Branching logic (show if): [mycobact_species(8)] =
'1'}

Fungal culture positive?	○ {1} Yes
	○ {0} No
	○ {3} Not tested
{[fung_pos] radio Required}	

Fungal species	☐ {1} Alternaria
	☐ {2} Aspergillus Calidoustus
	☐ {3} Aspergillus Flavus
{[fung_species] checkbox Required}	☐ {4} Aspergillus Fumigatus
{Branching logic (show if): [fung_pos] = '1'}	☐ {5} Aspergillus Nidulans
	☐ {6} Aspergillus Niger
	☐ {7} Aspergillus Terreus
	☐ {8} Aspergillus other species
	☐ {9} Bipolaris species
	☐ {10} Blastomyces species
	☐ {11} Candida species
	☐ {12} Coccidiodes species
	☐ {13} Cryptococcus species
	☐ {14} Curvularia species
	☐ {15} Fusarium species
	☐ {16} Histoplasma species
	☐ {17} Mucor species
	☐ {18} Paecilomyces species
	☐ {19} Penicillium species
	☐ {20} Pneumocystis Jiroveci
	☐ {21} Rhizopus species
	☐ {22} Scedosporium species
	☐ {23} Scopulariopsis species
	☐ {24} Trichoderma species
	☐ {25} Yeast not Cryptococcus Neoformans
	☐ {26} Fungal, other

Other fungal species

_____

{[oth_fung] text Required}
{Branching logic (show if): [fung_species(26)] = '1'}

Viral culture or PCR positive?	◯ {1} Yes
	◯ {0} No
	◯ {3} Not tested
{[viral_pos] radio Required}	

Viral species	☐ {1} Adenovirus
	☐ {2} HSV
	☐ {3} Influenza A
{[viral_species] checkbox Required}	☐ {4} Influenza B
{Branching logic (show if): [viral_pos] = '1'}	☐ {5} Metapneumovirus
	☐ {6} Parainfluenza
	☐ {7} RSV
	☐ {8} Rhinovirus
	☐ {9} Coronovirus
	☐ {10} Viral other

Other virus

_____

{[oth_viral] text Required}
{Branching logic (show if): [viral_species(10)] = '1'}

Medicationtreatment Log

Augmented Immunosuppression Medication or Treatment Name	
{[aimedname] radio} {Branching logic (show if): [mimedname] = ''}	◯ {1} PLEX/TPE ◯ {2} IVIG ◯ {3} Rituximab ◯ {4} Eculizumab ◯ {5} Carfilzomib ◯ {6} Bortezomib ◯ {7} Daratumumab ◯ {8} ATG/RATG ◯ {9} Campath ◯ {10} Belatacept ◯ {11} Tocilizumab ◯ {12} Augmented steroids above baseline ◯ {13} Photopheresis ◯ {14} Basiliximab

Maintenance Immunosuppression Medication Name	
{[mimedname] radio} {Branching logic (show if): [aimedname] = ''}	◯ {1} Tacrolimus (Prograf, H, Astragraf XL, Advagraf, Envarsus XR) ◯ {2} Cyclosporine (Gengraf, Neoral, Sandimmune) ◯ {3} Mycophenolate mofetil (CellCept, Myfortic) ◯ {4} Azathioprine (Imuran, Azasan) ◯ {5} Sirolimus (Rapamune) ◯ {6} Everolimus (Afinitor, Zortress) ◯ {7} Azithromycin ◯ {8} Pirfenidone (Esbriet) ◯ {9} Nintedanib (Ofev) ◯ {10} Prednisone

Medication Start Date

_____

{[medstartdate] text (date_mdy)}

Medication Stop Date

_____

{[medstopdate] text (date_mdy)}
{Branching logic (show if): [medongoing(1)] = '0'}

Check box if medication is ongoing	☐ {1} Ongoing

{[medongoing] checkbox}
{Branching logic (show if): [mimedname] != '' and [medstopdate] =''}

Cmv Pcr

CMV PCR date

_____

{[cmv_pcr_date] text (date_mdy)}

Visit Timepoint

⭕ {1} Transplant
⭕ {2} Transplant Hospital Discharge
⭕ {3} Month 3
{[cmvvstmpt] dropdown Required}
⭕ {4} Month 12
⭕ {5} Annual Visit (Year 2)
⭕ {6} Annual Visit (Year 3)
⭕ {7} Annual Visit (Year 4)

CMV DNA qualitative result

⭕ {1} Detected
⭕ {2} Not detected

{[cmv_qual] radio Required}

CMV DNA detected above the lower limit of
quantification?

⭕ {1} Yes
⭕ {0} No

{[cmv_ll_quant_yes_no] radio Required}
{Branching logic (show if): [cmv_qual] = '1'}

CMV DNA quantitative result

_____

{[cmv_quant] text (float Min: 10 Max: 200000000)
Required}
{Branching logic (show if): [cmv_qual] = '1' and
[cmv_ll_quant_yes_no] = '1'}

CMV DNA quantitative unit

⭕ {1} IU/mL
⭕ {2} Copies/mL
⭕ {3} Other
{[cmv_pcr_unit] radio Required}
⭕ {98} Unknown
{Branching logic (show if): [cmv_qual] = '1' and
[cmv_ll_quant_yes_no] = '1'}

Other unit

_____

{[oth_cmv_unit] text Required}
{Branching logic (show if): [cmv_qual] = '1' and
[cmv_ll_quant_yes_no] = '1' and [cmv_pcr_unit] = '3'}

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Pft

PFT date

_____

{[pft_date] text (date_mdy) Required}

Visit Timepoint

◯ {1} Transplant
◯ {2} Transplant Hospital Discharge
◯ {3} Month 3
{[pftvstmpt] dropdown Required}
◯ {4} Month 12
◯ {5} Annual Visit (Year 2)
◯ {6} Annual Visit (Year 3)
◯ {7} Annual Visit (Year 4)

Recipient gender

◯ {1} Male
◯ {2} Female

{[pft_gender] radio Required}

Age @ PFT date

_____

{[pft_age] text (integer Min: 18 Max: 100) Required}

FEV1

_____

{[fev1] text (float Min: 0.1 Max: 7) Required}

FVC

_____

{[fvc] text (float Min: 0.1 Max: 7) Required}

FEF 25/75

_____

{[fef_2575] text (float Min: 0.1 Max: 10)}

TLC

_____

{[tlc] text (float Min: 0.1 Max: 15)}

Ltc Sample Collection

Sample Collection

Time Point

{[sample_time_point] radio}

- ◯ {1} Pre Transplant
- ◯ {2} Additional Pre Transplant
- ◯ {3} Day 3
- ◯ {4} Hospital Discharge
- ◯ {5} Month 3
- ◯ {6} Month 12
- ◯ {7} Year 2
- ◯ {8} Year 3
- ◯ {9} Year 4
- ◯ {10} Donor

Was a research blood sample obtained?

{[blood] radio Required}

- ◯ {1} Yes
- ◯ {0} No

Reason research blood sample not obtained

{[blood_reason] radio Required}
{Branching logic (show if): [blood] = '0'}

- ◯ {1} Patient refusal
- ◯ {2} Logistical challenges
- ◯ {3} Attempted by study team but failed
- ◯ {4} Other

Other reason research blood not collected

_____

{[oth_nobldreason] text Required}
{Branching logic (show if): [blood] = '0' and
[blood_reason] = '4'}

PennSet ID

_____

{[pennset_id] text}

(Please scan in the bag label barcode. Should start
with PS-)

EDTA Sample Collected

{[edta_collected] radio}

- ◯ {1} Yes
- ◯ {0} No

Red Top (Serum) Collected

{[serum_collected] radio}

- ◯ {1} Yes
- ◯ {0} No

Sample Collection Date and Time

_____

{[sample_collect_date] text (datetime_mdy)}

Were samples on wet ice during transport?

{[wet_ice_transport] radio}

- ◯ {1} Yes
- ◯ {0} No
  (Transport from collection to lab)

Sample Processing - Please enter the amount of aliquots obtained

EDTA Plasma Aliquots

_____
(Max of 10)

{[edta_plasma_aliquots] text (integer Max: 10)}
{Branching logic (show if): [edta_collected] = '1'}

EDTA Buffy Aliquots

_____
(Max of 2)

{[edta_buffy_aliquots] text (integer Max: 2)}
{Branching logic (show if): [edta_collected] = '1'}

Red Top Serum Aliquots

_____
(Max of 5)

{[serum_aliquots] text (integer Max: 5)}
{Branching logic (show if): [serum_collected] = '1'}

Sample Processing Date

_____

{[sample_process_date] text (date_mdy)}

Time Processing Started

_____

{[process_start_time] text (time)}

Time of Specimens on Wet/Dry Ice

_____

{[ice_time] text (time)}

Time of Specimen on Stored -70 or colder

_____

{[stored_time] text (time)}

EDTA Sample Labels
Please scan each label into a separate field.

EDTA Plasma 1

_____

{[edta_plasma_1] text}

EDTA Plasma 2

_____

{[edta_plasma_2] text}

EDTA Plasma 3

_____

{[edta_plasma_3] text}

EDTA Plasma 4

_____

{[edta_plasma_4] text}

EDTA Plasma 5

_____

{[edta_plasma_5] text}

EDTA Plasma 6

_____

{[edta_plasma_6] text}

EDTA Plasma 7

_____

{[edta_plasma_7] text}

EDTA Plasma 8

_____

{[edta_plasma_8] text}

EDTA Plasma 9

_____

{[edta_plasma_9] text}

EDTA Plasma 10

_____

{[edta_plasma_10] text}

EDTA Buffy 1

_____

{[edta_buffy_1] text}

EDTA Buffy 2

_____

{[edta_buffy_2] text}

Red Top Serum Labels

Red Top Serum 1

_____

{[serum_1] text}

Red Top Serum 2

_____

{[serum_2] text}

Red Top Serum 3

_____

{[serum_3] text}

Red Top Serum 4

_____

{[serum_4] text}

Red Top Serum 5

_____

{[serum_5] text}

Sample Collection Form

Sample Collection Form

{[sample_collect_form1] file}

Samples Received - For Penn Use Only

Plasma Received

_____

{[plasma_received] text (date_mdy)}

Buffy Received

_____

{[buffy_received] text (date_mdy)}

Serum Received

_____

{[serum_received] text (date_mdy)}

Have the samples been uploaded to LabVantage?   ☐ {1} Yes

{[serum_check] checkbox}

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Imaging Transmittal Form

- Complete all fields
 - Ensure accuracy of Participant ID, Modality, and Date
 - Keep a copy of this form and a copy of the image submission at your site

UNOS Donor ID:
{[imgdonorid] text Required}

_____

Modality

○ {1} Chest CT scan
○ {2} Chest X-ray

{[imgmodality] radio Required}

Study Date

_____

{[imgacquisitiondt] text (date_mdy)}

Study Visit

○ {1} Day 0
○ {2} Day 3
○ {3} Other

{[imgstudyvisit] radio Required}

Date Received

_____

{[imgtransmitdt] text (date_mdy) Required}

Adverse Event

THIS FORM IS ONLY COMPLETED FOR ADVERSE EVENTS AND SERIOUS ADVERSE EVENTS THAT OCCUR WITHIN 4 HOURS AFTER A PROTOCOL MANDATED BLOOD DRAW.

AE Number
{[ae_num] text}

_____
(Note: This field is auto-populated and cannot be edited.)

Adverse event

_____

{[ae_term] text Required}

Start date

_____

{[ae_startdt] text (date_mdy) Required}

End date

_____

{[ae_enddt] text (date_mdy) Required}

Outcome

○ {1} Fatal
○ {2} Not recovered/not resolved
○ {3} Recovered/resolved
○ {4} Recovered/resolved with sequelae
○ {98} Unknown

{[ae_outcome] radio Required}

Sequelae

_____

{[ae_sequelae] text Required}
{Branching logic (show if): [ae_outcome] = '4'}

Severity CTCAE Grade

○ {1} Mild
○ {2} Moderate
○ {3} Severe
○ {4} Life-Threatening or Disabling
○ {5} Fatal

{[ae_severity] radio Required}

Relationship to protocol mandated blood draw

○ {1} Not related
○ {2} Possibly related
○ {3} Definitely related

{[ae_relatedness] radio Required}

Date and time of blood draw

_____

{[blood_draw_date_time] text (datetime_mdy) Required}

Action taken in response to this event

○ {1} None
○ {2} Concomitant medication
○ {3} Non-drug therapy

{[ae_action] radio Required}

Did the event cause the subject to be discontinued from the study?	○ {1} Yes ○ {0} No

{[ae_study_discontinued] radio Required}

Date site became aware of the event	_____

{[ae_site_aware] text (date_mdy) Required}

Was the event serious?	○ {1} Yes ○ {0} No

{[serious_yes_no] radio Required}

Seriousness criteria	☐ {1} Life threatening ☐ {2} Hospitalization ☐ {3} Congenital anomaly/birth defect ☐ {4} Persistent or significant disability ☐ {5} Important medical event ☐ {6} Fatal

{[serious_criteria] checkbox Required}
{Branching logic (show if): [serious_yes_no] = '1'}

Initial or prolonged hospitalization?	○ {1} Initial hospitalization ○ {2} Prolonged hospitalization

{[init_prol_hosp] radio}
{Branching logic (show if): [serious_criteria(2)] = '1'}

Admission date	_____

{[sae_admit_date] text (date_mdy) Required}
{Branching logic (show if): [serious_criteria(2)] = '1'}

Discharge date	_____

{[sae_dc_date] text (date_mdy) Required}
{Branching logic (show if): [serious_criteria(2)] = '1'}

Death date	_____

{[sae_death_date] text (date_mdy) Required}
{Branching logic (show if): [serious_criteria(6)] = '1'}

Primary cause of death	_____

{[sae_cod] text Required}
{Branching logic (show if): [serious_criteria(6)] = '1'}

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| Autopsy performed? | ◯ {1} Yes |
| | ◯ {0} No |

{[sae_autopsy] radio Required}
{Branching logic (show if): [serious_criteria(6)] =
'1'}

| Were there any contributing factors to the SAE (e.g., underlying disease or medical history, non-compliance with the treatment regimen, study procedures, concomitant medications, accident, or trauma)? | ◯ {1} Yes |
| | ◯ {0} No |

{[contrib_factor] radio Required}
{Branching logic (show if): [serious_yes_no] = '1'}

Specify the factors

_____

{[specific_factors] text Required}
{Branching logic (show if): [contrib_factor] = '1'}

| At the time of the SAE, was the participant taking concomitant medications that are relevant to the event? | ◯ {1} Yes |
| | ◯ {0} No |

{[rel_con_meds] radio Required}
{Branching logic (show if): [serious_yes_no] = '1'}

Specify the medications

_____

{[specific_meds] text Required}
{Branching logic (show if): [rel_con_meds] = '1'}

| Were any treatments or procedures performed in response to the event? | ◯ {1} Yes |
| | ◯ {0} No |

{[sae_treat_yes_no] radio Required}
{Branching logic (show if): [serious_yes_no] = '1'}

Specify treatments

_____

{[specific_rx] text Required}
{Branching logic (show if): [sae_treat_yes_no] = '1'}

| Were any laboratory or diagnostic tests performed in response to the event? | ◯ {1} Yes |
| | ◯ {0} No |

{[sae_lab_tests] radio Required}
{Branching logic (show if): [serious_yes_no] = '1'}

Specify tests performed

_____

{[sae_specific_tests] text Required}
{Branching logic (show if): [sae_lab_tests] = '1'}

Height

_____

{[sae_height] text (float) Required}
{Branching logic (show if): [serious_yes_no] = '1'}

Weight

_____

{[sae_weight] text (float) Required}
{Branching logic (show if): [serious_yes_no] = '1'}

SAE Narrative

_____

{[sae_narr] text Required}
{Branching logic (show if): [serious_yes_no] = '1'}

SAE Narrative continued

_____

{[sae_narr2] text Required}
{Branching logic (show if): [serious_yes_no] = '1'}

Early Withdrawal

Withdrawal date

_____

{[withdraw_date] text (date_mdy) Required}

Withdrawal reason

{[withdraw_reason] radio Required}

- ⃝ {1} Retransplant of the lung(s)
- ⃝ {2} Withdrawal of consent
- ⃝ {3} PI decision
- ⃝ {4} Participant was never listed for transplant
- ⃝ {5} Waitlisted candidate did not undergo lung transplant
- ⃝ {6} Lost to follow up
- ⃝ {8} Waitlist candidate died prior to transplant
- ⃝ {7} Other

Other early withdrawal reason

_____

{[oth_withdraw_reason] text Required}
{Branching logic (show if): [withdraw_reason] = '7'}

Post Transplant Death Or Retransplant

Did the recipient experience death or retransplant while on study?

○ {1} Death
○ {2} Retransplant

{[death_retx] radio Required}

Death date

_____

{[death_date] text (date_mdy) Required}
{Branching logic (show if): [death_retx] = '1'}

Primary cause of death

○ {1} Respiratory
○ {2} Non-respiratory
○ {98} Unknown

{[cause_death] radio Required}
{Branching logic (show if): [death_retx] = '1'}

Respiratory cause of death

□ {1} Progressive CLAD
□ {2} ARDS
□ {3} Pneumonia
□ {4} PE
□ {5} PTLD with pulmonary involvement
□ {6} PGD
□ {7} Lung Cancer
□ {8} Subacute lung allograft failure (not meeting CLAD criteria)
□ {9} Other

{[resp_cod] checkbox Required}
{Branching logic (show if): [death_retx] = '1' and [cause_death] = '1'}

Other respiratory cause of death

_____

{[oth_resp_cod] text Required}
{Branching logic (show if): [death_retx] = '1' and [cause_death] = '1' and [resp_cod(9)] = '1'}

Non-respiratory cause of death

□ {1} Cardiovascular
□ {2} Systemic infection or sepsis
□ {3} PTLD
□ {4} Other cancer
□ {5} Other

{[non_resp_cod] checkbox Required}
{Branching logic (show if): [death_retx] = '1' and [cause_death] = '2'}

Other cancer - specify

_____

{[oth_cancer_cod] text Required}
{Branching logic (show if): [death_retx] = '1' and [cause_death] = '2' and [non_resp_cod(4)] = '1'}

Other non-respiratory COD - specify

_____

{[oth_non_resp_cod] text Required}
{Branching logic (show if): [death_retx] = '1' and [cause_death] = '2' and [non_resp_cod(5)] = '1'}

Retransplant date

_____

{[retrans_date] text (date_mdy) Required}
{Branching logic (show if): [death_retx] = '2'}

Retransplant indication

{[retx_indic] radio Required}
{Branching logic (show if): [death_retx] = '2'}

◯ {1} PGD
◯ {2} CLAD (BOS)
◯ {3} CLAD (RAS)
◯ {4} CLAD (other)
◯ {5} Airways complications
◯ {6} BLAD
◯ {7} Hyperacute rejection
◯ {8} Other

Other retransplant indication - specify

_____

{[retx_indic_oth] text Required}
{Branching logic (show if): [retx_indic] = '8'}

Protocol Deviation

Protocol version under which the deviation occurred	○ {1.0} 1.0 ○ {1.1} 1.1 ○ {2.0} 2.0

{[pd_prot_vers] radio Required}

Date of occurrence
{[pd_date] text (date_mdy)}

_____

Protocol Deviation Category
{[pd_category] radio Required}

○ {1} Eligibility criteria
○ {2} Consent violation
○ {3} Blood collection deviation(s)
○ {4} Safety assessments

Specify inclusion/exclusion criteria not met (check all that apply)
{[pd_ie_criteria] checkbox Required}
{Branching logic (show if): [pd_category] = '1'}

☐ {1} Able to understand and provide informed consent
☐ {2} >=18 years of age at the time of written informed consent
☐ {3} Anticipated listing or listed for a single or bilateral cadaveric donor lung transplant or having received a lung transplant within the previous 30 days
☐ {4} Unwillingness of a participant or legally authorized representative (LAR) to give written informed consent or comply with study protocol
☐ {5} Pregnancy or plans to become pregnant
☐ {6} Past or current medical problems or findings from physical examination or laboratory testing, which, in the opinion of the investigator, may pose additional risks from participation in the study, may interfere with the participant's ability to comply with study requirements or that may impact the quality or interpretation of the data obtained from the study

Consent violation(s)
{[pd_consent_viol] checkbox Required}
{Branching logic (show if): [pd_category] = '2'}

☐ {1} Informed consent not obtained
☐ {2} Informed consent obtained, but not using an IRB-approved ICF
☐ {3} Informed consent obtained, but using an outdated or expired ICF
☐ {4} Informed consent obtained, but obtained during a lapse in IRB continuing review
☐ {5} Informed consent document missing
☐ {6} Informed consent document missing required signatures and/or dates
☐ {7} Other informed consent issue

Other informed consent violation
{[pd_consent_viol_oth] text}
{Branching logic (show if): [pd_category] = '2' and [pd_consent_viol(7)] = '1'}

_____

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Blood collection deviation(s) {[pd_research_blood] checkbox Required} {Branching logic (show if): [pd_category] = '3'}	☐ {1} Research blood not obtained ☐ {2} Research blood obtained, but outside of study window ☐ {3} Research blood obtained, but not using correct collection tubes ☐ {4} Research blood not processed according to protocol ☐ {5} Research blood obtained, but inappropriate blood volume obtained ☐ {6} Research blood, other issue
Other research blood issue {[pd_oth_blood_issue] text Required} {Branching logic (show if): [pd_category] = '3' and [pd_research_blood(6)] = '1'}	_____
Study visit affected by research blood deviation {[pd_research_blood_visit] radio Required} {Branching logic (show if): [pd_category] = '3'}	◯ {1} Pre-Transplant ◯ {2} Post-Op Day 3 ◯ {3} Transplant Hospital Discharge ◯ {4} Month 3 ◯ {5} Month 12 ◯ {6} Annual Visit (Year 2) ◯ {7} Annual Visit (Year 3) ◯ {8} Annual Visit (Year 4)
Deviation(s) related to safety assessment {[pd_safety] checkbox Required} {Branching logic (show if): [pd_category] = '4'}	☐ {1} SAE not reported within timeline specified in study protocol ☐ {2} Unanticipated problem that is not an SAE not reported within timeline specified in study protocol
Deviation narrative {[pd_narr] textarea}	_____
Steps taken to avoid future occurrence {[pd_steps] textarea}	_____

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Ltqol Survey

Survey Completion Date

_____

{[ltqolcmpdt] text (date_mdy) Required}

Timepoint	◯ {0} Pre-Transplant
	◯ {1} 1 Year Follow-Up
	◯ {2} 2 Year Follow-Up
{[ltqoltmpt] dropdown Required}	◯ {3} 3 Year Follow-Up
	◯ {4} 4 Year Follow-Up

Thinking back over the past 4 weeks, how often did you experience any of the following when you were NOT having a ling infection or rejection?...

	{1} Not at all	{2} Only when I had an infection	{3} A few days a month	{4} Several days a week	{5} Almost every day	{6} Don't Know	{7} Patient Refused
1. I had shortness of breath {[ltqol1] radio Required}	◯	◯	◯	◯	◯	◯	◯
2. I felt tightness in my chest {[ltqol2] radio Required}	◯	◯	◯	◯	◯	◯	◯
3. I coughed {[ltqol3] radio Required}	◯	◯	◯	◯	◯	◯	◯
4. I brought up phlegm (sputum) {[ltqol4] radio Required}	◯	◯	◯	◯	◯	◯	◯
5. I had episodes of wheezing {[ltqol5] radio Required}	◯	◯	◯	◯	◯	◯	◯

6. Over the last 3 months, how many good days (with few ling respirator problems) have you had?

	{1} Every day	{2} Nearly every day	{3} 3 or 4 days/week	{4} 1 or 2 days/week	{5} None	{6} Don't Know	{7} Patient Refused
{[ltqol6] radio Required}	◯	◯	◯	◯	◯	◯	◯

7. During the last 3 months, how many severe or very unpleasant episodes of lung/respiratory problems have you had?

	{1} No episodes	{2} 1 episode	{3} 2 episodes	{4} 3 episodes	{5} More than 3 episodes	{6} Don't Know	{7} Patient Refused
{[ltqol7] radio Required}	◯	◯	◯	◯	◯	◯	◯

Below is a list of symptoms and conditions you may have experienced. Over the past 4 weeks, how often have you experienced the following?

	{1} Never	{2} Once or twice	{3} A few times	{4} Fairly	{5} Very often	{6} Don't Know	{7} Patient Refused
8. I had trouble swallowing food {[ltqol8] radio Required}	○	○	○	○	○	○	○
9. I had difficulty swallowing liquids {[ltqol9] radio Required}	○	○	○	○	○	○	○
10. I have choked when I swallowed {[ltqol10] radio Required}	○	○	○	○	○	○	○
11. I have been bothered in the way food tastes {[ltqol11] radio Required}	○	○	○	○	○	○	○
12. I had a poor appetite {[ltqol12] radio Required}	○	○	○	○	○	○	○
13. I had nausea {[ltqol13] radio Required}	○	○	○	○	○	○	○
14. I had discomfort or pain in my stomach area {[ltqol14] radio Required}	○	○	○	○	○	○	○
15. I had swelling or cramps in my stomach area {[ltqol15] radio Required}	○	○	○	○	○	○	○
16. I had constipation {[ltqol16] radio Required}	○	○	○	○	○	○	○
17. I had diarrhea {[ltqol17] radio Required}	○	○	○	○	○	○	○
18. I have been afraid to be far from the toilet {[ltqol18] radio Required}	○	○	○	○	○	○	○
19. I had shaky hands {[ltqol19] radio Required}	○	○	○	○	○	○	○
20. My leg muscles felt weak {[ltqol20] radio Required}	○	○	○	○	○	○	○
21. I had numbness and tingling in my hands or feet {[ltqol21] radio Required}	○	○	○	○	○	○	○
22. I felt discomfort in my hands or feet (pain, cramping, burning, etc.) {[ltqol22] radio Required}	○	○	○	○	○	○	○

	{1} Never	{2} Once or twice	{3} A few times	{4} Fairly	{5} Very often	{6} Don't Know	{7} Patient Refused

These questions ask about your treatment regimen (medications, clinic visits and tests like x-rays, bronchoscopies) over the past 4 weeks.

	{1} Not at all	{2} A little bit	{3} Somewhat	{4} Quite a bit	{5} Very much	{6} Don't Know	{7} Patient Refused
23. The effects of the treatment have been worse than I had imagined. {[ltqol23] radio Required}	○	○	○	○	○	○	○
24. To what extent did your treatments (including medications) make your daily life more difficult? {[ltqol24] radio Required}	○	○	○	○	○	○	○
25. How difficult was it for you to do your treatments (including medications) each day? {[ltqol25] radio Required}	○	○	○	○	○	○	○

Over the past 4 weeks, to what extent does each statement apply to you?

	{1} Not at all	{2} A little bit	{3} Somewhat	{4} Quite a bit	{5} Very much	{6} Don't Know	{7} Patient Refused
26. I worry that my lung transplant will not work or that I will get rejection {[ltqol26] radio Required}	○	○	○	○	○	○	○
27. I worry about getting infections {[ltqol27] radio Required}	○	○	○	○	○	○	○
28. Because of my lung transplant, I had difficulty planning for the future {[ltqol28] radio Required}	○	○	○	○	○	○	○
29. I worried that my health will get worse {[ltqol29] radio Required}	○	○	○	○	○	○	○
30. I felt uncertain about my future health {[ltqol30] radio Required}	○	○	○	○	○	○	○

Over the past 4 weeks, how often have you been bothered by the following problems?

	{1} Never	{2} Once or twice	{3} A few times	{4} Fairly often	{5} Very often	{6} Don't Know	{7} Patient Refused
31. Feeling nervous, anxious or on edge {[ltqol31] radio Required}	○	○	○	○	○	○	○
32. Not being able to stop or control worrying {[ltqol32] radio Required}	○	○	○	○	○	○	○
33. Worrying too much about different things {[ltqol33] radio Required}	○	○	○	○	○	○	○
34. Trouble relaxing {[ltqol34] radio Required}	○	○	○	○	○	○	○
35. Being so restless that it was hard to sit still {[ltqol35] radio Required}	○	○	○	○	○	○	○
36. Becoming easily annoyed or irritable {[ltqol36] radio Required}	○	○	○	○	○	○	○
37. Feeling afraid as if something awful might happen. {[ltqol37] radio Required}	○	○	○	○	○	○	○

These questions are about how you feel and how things have been with you. Over the past 4 weeks, how often...

	{1} Never	{2} Once or twice	{3} A few times	{4} Fairly often	{5} Very often	{6} Don't Know	{7} Patient Refused
38. Has feeling depressed interfered with what you usually do? {[ltqol38] radio Required}	○	○	○	○	○	○	○
39. Did you feel depressed? {[ltqol39] radio Required}	○	○	○	○	○	○	○
40. Were you moody or brood about things? {[ltqol40] radio Required}	○	○	○	○	○	○	○
41. Were you in low or very low spirits? {[ltqol41] radio Required}	○	○	○	○	○	○	○
42. Have you felt downhearted and depressed? {[ltqol42] radio Required}	○	○	○	○	○	○	○

	{1} Not at all	{2} A little	{3} Somewhat	{4} Very	{5} Extremely	{6} Don't Know	{7} Patient Refused
43. How depressed (at its worst) have you felt? {[ltqol43] radio Required}	○	○	○	○	○	○	○

Over the past 4 weeks, how much of the time did you...

	{1} None of the time	{2} A little of the time	{3} Some of the time	{4} Most of the time	{5} All of the time	{6} Don't Know	{7} Patient Refused
44. Have difficulty reasoning and solving problems; for example, making plans, making decisions, learning new things? {[ltqol44] radio Required}	○	○	○	○	○	○	○
45. Have difficulty doing activities involving concentration and thinking? {[ltqol45] radio Required}	○	○	○	○	○	○	○
46. Become confused and start several actions at a time? {[ltqol46] radio Required}	○	○	○	○	○	○	○
47. Forget, for example things that happened recently, where you put things, appointments? {[ltqol47] radio Required}	○	○	○	○	○	○	○
48. Have trouble keeping your attention on any activity for long? {[ltqol48] radio Required}	○	○	○	○	○	○	○
49. React slowly to things that were said or done? {[ltqol49] radio Required}	○	○	○	○	○	○	○

How often in the past 4 weeks.....

	{1} Never	{2} Once or twice	{3} A few times	{4} Fairly often	{5} Very often	{6} Don't Know	{7} Patient Refused
50. Were you frustrated about your health? {[ltqol50] radio Required}	○	○	○	○	○	○	○
51. Did you feel weighed down by your health problems? {[ltqol51] radio Required}	○	○	○	○	○	○	○
52. Were you discouraged by your health problems? {[ltqol52] radio Required}	○	○	○	○	○	○	○

53. Did you feel despair over your health problems? {[ltqol53] radio Required}	○	○	○	○	○	○	○
54. Were you afraid because of your health? {[ltqol54] radio Required}	○	○	○	○	○	○	○
55. Was your health a worry in your life? {[ltqol55] radio Required}	○	○	○	○	○	○	○

These questions ask about the way health problems might interfere with your sex life. These questions are personal but important in understanding how health problems might affect people's lives.

	{1} Not at all	{2} A little bit	{3} Somewhat	{4} Quite a bit	{5} Very much	{6} Don't Know	{7} Patient Refused
56. Lack of sexual interest? {[ltqol56] radio Required}	○	○	○	○	○	○	○
57. Unable to relax and enjoy sex? {[ltqol57] radio Required}	○	○	○	○	○	○	○
58. Difficulty in becoming sexually aroused? {[ltqol58] radio Required}	○	○	○	○	○	○	○

The last two questions are about your life in general.

Over the past 4 weeks, to what extent does each statement apply to you?

	{1} Not at all	{2} A little bit	{3} Somewhat	{4} Quite a bit	{5} Very much	{6} Don't Know	{7} Patient Refused
59. I am able to enjoy life. {[ltqol59] radio Required}	○	○	○	○	○	○	○
60. I am content with the quality of my life right now. {[ltqol60] radio Required}	○	○	○	○	○	○	○

You have reached the end of the survey. Thank you for your participation.

Eq5d Survey

Survey Completion Date

_____

{[eq5dcmpdt] text (date_mdy) Required}

Timepoint	◯ {0} Pre-Transplant
	◯ {1} 1 Year Follow-Up
	◯ {2} 2 Year Follow-Up
{[eq5dtmpt] dropdown Required}	◯ {3} 3 Year Follow-Up
	◯ {4} 4 Year Follow-Up

Note to Interviewer: please read the following

We are trying to find out what you think about your health. I will first ask you some simple questions about your health TODAY. I will then ask you to rate your health on a measuring scale. I will explain what to do as I go along but please interrupt me if you do not understand something or if things are not clear to you. Please also remember that there are no right or wrong answers. We are interested here only in your personal view.

MOBILITY

Note to Interviewer: mark the appropriate

First I'd like to ask you about mobility. Would you say that:	◯ {1} You have no problems walking?
	◯ {2} You have slight problems walking?
	◯ {3} You have moderate problems walking?
	◯ {4} You have severe problems walking?
{[mobility] radio Required}	◯ {5} You are unable to walk?
	◯ {6} Don't Know
	◯ {7} Patient Refused

SELF-CARE

Note to Interviewer: mark the appropriate box on the EQ-5D questionnaire

Next I'd like to ask you about self-care. Would you say that:	◯ {1} You have no problems washing or dressing yourself?
	◯ {2} You have slight problems washing or dressing yourself?
{[selfcare] radio Required}	◯ {3} You have moderate problems washing or dressing yourself?
	◯ {4} You have severe problems washing or dressing yourself?
	◯ {5} You are unable to wash or dress yourself?
	◯ {6} Don't Know
	◯ {7} Patient Refused

USUAL ACTIVITIES

Note to Interviewer: mark the appropriate box on the EQ-5D questionnaire

Next I'd like to ask you about your usual activities, for example work, study, housework, family or leisure activities. Would you say that:

{[usualactivities] radio Required}

- ⃝ {1} You have no problems doing your usual activities?
- ⃝ {2} You have slight problems doing your usual activities?
- ⃝ {3} You have moderate problems doing your usual activities?
- ⃝ {4} You have severe problems doing your usual activities?
- ⃝ {5} You are unable to do your usual activities?
- ⃝ {6} Don't Know
- ⃝ {7} Patient Refused

PAIN/DISCOMFORT

Note to Interviewer: mark the appropriate box on the EQ-5D questionnaire

Next I'd like to ask you about pain or discomfort. Would you say that:

{[paindiscomfort] radio Required}

- ⃝ {1} You have no pain or discomfort?
- ⃝ {2} You have slight pain or discomfort?
- ⃝ {3} You have moderate pain or discomfort?
- ⃝ {4} You have severe pain or discomfort?
- ⃝ {5} You have extreme pain or discomfort?
- ⃝ {6} Don't Know
- ⃝ {7} Patient Refused

ANXIETY/DEPRESSION

Note to Interviewer: mark the appropriate box on the EQ-5D questionnaire

Finally I'd like to ask you about anxiety or depression. Would you say that:

{[anxietydepression] radio Required}

- ⃝ {1} You are not anxious or depressed?
- ⃝ {2} You are slightly anxious or depressed?
- ⃝ {3} You are moderately anxious or depressed?
- ⃝ {4} You are severely anxious or depressed?
- ⃝ {5} You are extremely anxious or depressed?
- ⃝ {6} Don't Know
- ⃝ {7} Patient Refused

EQ VAS:INTRODUCTION

Note to interviewer: If possible, it might be useful to send a visual aid (i.e. the EQ VAS) before the telephone call so that the respondent can have this in front of him or her when completing the task

Now, I would like to ask you to say how good or bad your health is TODAY.

I'd like you to try to picture in your mind a scale that looks a bit like a thermometer. Can you do that? The best health you can imagine is marked 100 (one hundred) at the top of the scale and the worst health you can imagine is marked 0 (zero) at the bottom.

Note to interviewer:

 mark the point on the scale at the point indicating
the respondent's 'health today'.

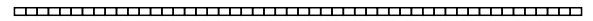 Now, please write the number you marked on the scale
in the box below

{[vasscale] slider (number)}
{Branching logic (show if): [eq5dscresp] = ''}

100 - The best
health you can
imagine, {0 - The
worst health you
can imagine | 50
| 100 - The best
health you can
imagine}

0 - The worst
health you can
imagine   50

(Place a mark on the scale above)

Patient's VAS scale response:

⚪ {1} Don't Know
⚪ {2} Patient Refused

{[eq5dscresp] radio}
{Branching logic (show if): [vasscale] = ''}

THE RESPONDENT'S HEALTH TODAY

_____

{[eq5dreshealt] text (float)}

Thank you for taking the time to answer these questions

Sf12v2 Standard Interview Script

Survey Completion Date

_____

{[sf12cmpdt] text (date_mdy) Required}

Timepoint	◯ {0} Pre-Transplant
	◯ {1} 1 Year Follow-Up
	◯ {2} 2 Year Follow-Up
{[sf12tmpt] dropdown Required}	◯ {3} 3 Year Follow-Up
	◯ {4} 4 Year Follow-Up

SF-12v2TM HEALTH SURVEY (FOUR-WEEK RECALL)

 SCRIPT FOR INTERVIEW ADMINISTRATION

This first question is about your health now. Please try to answer as accurately as you can.

1. In general, would you say your health is ... [READ RESPONSE CHOICES]

	{1} Excellent	{2} Very Good	{3} Good	{4} Fair	{5} Poor
{[sfq1] radio Required}	◯	◯	◯	◯	◯

Now I'm going to read a list of activities that you might do during a typical day. As I read each item, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

	{1} YES, limited a lot	{2} YES, limited a little	{3} NO, not limited at all
2a. Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. Does your health now limit you a lot, limit you a little, or not limit you at all? [READ RESPONSE CHOICES ONLY IF NECESSARY] [IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?] {[sfq2] radio Required}	◯	◯	◯
2b. Climbing several flights of stairs. Does your health now limit you a lot, limit you a little, or not limit you at all? [READ RESPONSE CHOICES ONLY IF NECESSARY] [IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?] {[sfq3] radio Required}	◯	◯	◯

The following two questions ask you about your physical health and your daily activities.

	{1} All of the time	{2} Most of the time	{3} Some of the time	{4} A little of the time	{5} None of the time
3a. During the past four weeks, how much of the time have you accomplished less than you would like as a result of your physical health? [READ RESPONSE CHOICES] {[sfq4] radio Required}	○	○	○	○	○
3b. During the past four weeks, how much of the time were you limited in the kind of work or other regular daily activities you do as a result of your physical health? [READ RESPONSE CHOICES] {[sfq5] radio Required}	○	○	○	○	○

The following two questions ask about your emotions and your daily activities.

	{1} All of the time	{2} Most of the time	{3} Some of the time	{4} A little of the time	{5} None of the time
4a. During the past four weeks, how much of the time have you accomplished less than you would like as a result of any emotional problems, such as feeling depressed or anxious? [READ RESPONSE CHOICES] {[sfq6] radio Required}	○	○	○	○	○
4b. During the past four weeks, how much of the time did you do work or other regular daily activities less carefully than usual as a result of any emotional problems, such as feeling depressed or anxious? [READ RESPONSE CHOICES] {[sfq7] radio Required}	○	○	○	○	○

5. During the past four weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere...   [READ RESPONSE CHOICES]

	{1} Not at all	{2} A little bit	{3} Moderately	{4} Quite a bit	{5} Extremely
{[sfq8] radio Required}	○	○	○	○	○

The next questions are about how you feel and how things have been with you during the past four weeks.

As I read each statement, please give me the one answer that comes closest to the way you have been feeling; is it all of the time, most of the time, some of the time, a little of the time, or none of the time?

	{1} All of the time	{2} Most of the time	{3} Some of the time	{4} A little of the time	{5} None of the time
6a. How much of the time during the past four weeks...have you felt calm and peaceful? [READ RESPONSE CHOICES ONLY IF NECESSARY] {[sfq9] radio Required}	○	○	○	○	○
6b. How much of the time during the past four weeks...did you have a lot of energy? [READ RESPONSE CHOICES ONLY IF NECESSARY] {[sfq10] radio Required}	○	○	○	○	○
6c. How much of the time during the past four weeks...have you felt downhearted and depressed? [READ RESPONSE CHOICES ONLY IF NECESSARY] {[sfq11] radio Required}	○	○	○	○	○

7. During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends or relatives? Has it interfered...[READ RESPONSE CHOICES]

	{1} All of the time	{2} Most of the time	{3} Some of the time	{4} A little of the time	{5} None of the time
{[sfq12] radio Required}	○	○	○	○	○

SF-12v2TM Health Survey