SPLIT			
\$sitecode	User:	System Date:	Mode: Development
Site Name:			

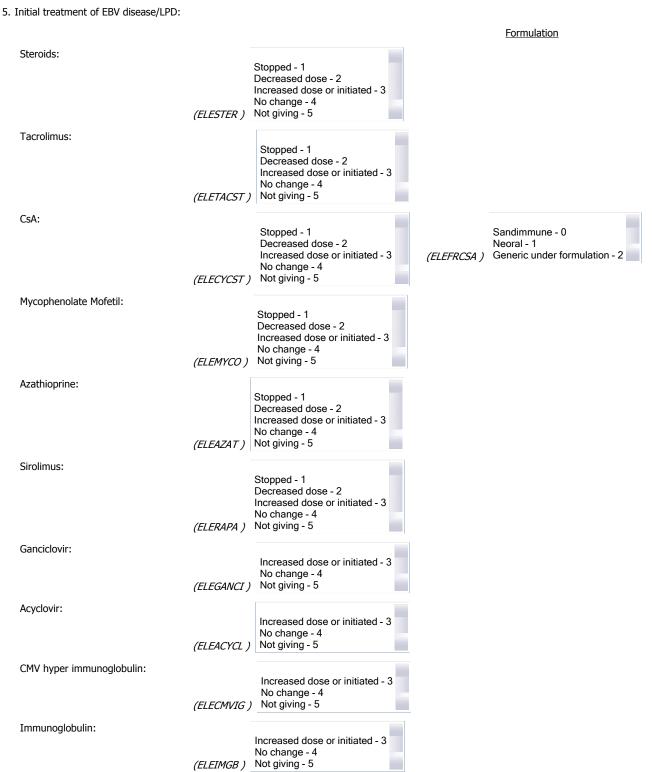
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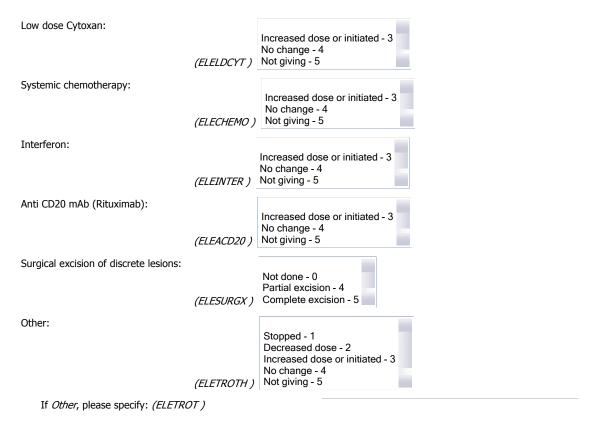
Symptomatic EBV/LPD Evaluation (ELE)					
Segment (PROTSEG): Visit Number (VISNO):		Version: 5.0; 12-05-			
Date of disease diagnosis: Complete when EBV or LPD disease is diagnosed.	09/01/2006				
1. Signs or symptoms suggestive of EBV disease/LPD: $(\textit{ELEDIAG}\)$	No - 0 Yes - 1 Not evaluated - 2	!			
Code each:					
a. Fever: <i>(ELEFEVER)</i>	No - 0 Yes - 1 Not evaluated - 2	-			
b. Stridor: (ELESTRID)	No - 0 Yes - 1 Not evaluated - 2	<u> </u>			
c. Lymphadenopathy: (ELELYMPH)	No - 0 Yes - 1 Not evaluated - 2	-			
If Yes to lymphadenopathy, code the following:					
1. Laryngeal, pharyngeal, or tonsils: (ELELPHAR)	No - 0 Yes - 1 Not evaluated - 2	<u> </u>			
2. Peripheral (auxilla, groin, neck): (ELELPERI)	No - 0 Yes - 1 Not evaluated - 2	-			
3. Intra-abdominal: (ELELABDM)	No - 0 Yes - 1 Not evaluated - 2	<u>'</u>			
4. Intrathoracic: (ELELTHOR)	No - 0 Yes - 1 Not evaluated - 2				
 d. GI (diarrhea, abdominal/intestinal mass, GI bleeding, etc.): (ELEGI) 	No - 0 Yes - 1 Not evaluated - 2				
e. Hepatic (hepatomegaly, jaundice, abnormal LFTs, etc.): <i>(ELEHEPAT)</i>	No - 0 Yes - 1 Not evaluated - 2	!			
f. Increasing spleen size: (ELEINCSP)	No - 0 Yes - 1 Not evaluated - 2	· ·			
g. Lung: <i>(ELELUNG)</i>	No - 0 Yes - 1 Not evaluated - 2	-			
h. CNS: (ELECNS)	No - 0 Yes - 1 Not evaluated - 2	<u>'</u>			
i. Other: (ELEOTHSY)	No - 0 Yes - 1 Not evaluated - 2	<u>!</u>			
If Other, please specify: (ELESYMOT)					
2. Diagnosis of EBV disease: (ELEEBVDG)	No - 0 Yes - 1 Not evaluated - 2	<u>!</u>			
If Yes, code each:					
a. Seroconversion: (ELESERO)	No - 0 Yes - 1 Not evaluated - 2	<u>!</u>			
If Yes, code:					
VCA IgM positive: (ELEVIPOS)	No - 0 Yes - 1 Not evaluated - 2				
IgG positive defined as a minimum four-fold increase in titer: (ELEIGGPS)	No - 0 Yes - 1 Not evaluated - 2	!			
b. Circulating EBV DNA by PCR: (ELECEDBP)	Negative/Undetectable-0 Positive-1	Not evaluated-2			
If Positive, please enter the viral load, units, and source. If No	egative, please enter the lower limit of detection of th	ne PCR assay for the viral			
load and units, if known.	_				
Viral load: (ELEVLGT)	<				
	> (ELEVIRAL) (xxxxx)				
Units: (ELEVUNIT)					
	copies / 500 ng DNA - 1 genomes / 10^5 lymphocytes - 2 copies DNA / ul - 3 cells / 10^6 PBMC - 4 copies / mcg PBMC DNA - 5 *Additional Options Listed Below				
If Other, specify: (ELEVUNTO)	<u> </u>				
Source: (ELEVSRCE)					
Source. (LLLYSACL)	Whole blood - 1 Plasma - 2 Serum - 3				

(c. EBV virus demo	onstrated in tissue (in-s	situ stain): (i	ELEPOSTS)	No - 0	Yes - 1	Not evalua	ted - 2
	Tissue biopsied	0- Positive	1- Negative	2- Not biopsi	ed			
	Lymph node:	(ELETLYMP)						
	Liver:	(ELETLIVR)						
	GI tract:	(ELETGITR)						
	Lung:	(ELETLUNG)						
	Other:	(ELETOTH)						
٠	If <i>Other</i> ,	please specify: (ELETIS	SOT)		_			
3. I	Biopsy for LPD: <i>(E</i>	FLEBLPD)			No - 0	Yes - 1		
	Tissue biopsi	ed 0- Positiv	e 1- Ne	egative 2- No	t biopsied			
	Lymph node or t	onsils: (ELETBLYM)) [
	Liver:	(ELETBLIV)						
	GI tract:	(ELETBGIT)						
	Lung:	(ELETBLUN)) [
	Other:	(ELETBOTH)) 🔲					
		ase specify: (ELEBIOP	0)					
á	<u>LPD Type</u> a. B-Cell: <i>(ELEBCE</i>	ELL)			No - 0	Yes - 1		
If Yes, code the following:					_ 165 1			
 Monomorphic: (ELEMONOM) Polymorphic: (ELEPOLYM) 				No - 0	Yes - 1			
	Polymorphics Unknown: (E				No - 0	Yes - 1		
ı	o. T-Cell: <i>(ELETCE</i>				No - 0 No - 0	Yes - 1 Yes - 1		
4 . 1	immunosuppressio	on prior to diagnosis o	r signs and s	symptoms of FI	BV disease/I Pl	D:		
		Code each	Alterna		Trough			CsA formulation
	Steroids:	(ELEIMSTE) No - 0 Yes -	(ELEALTS No - 0	5T) [
	Tacrolimus:	(ELEIMTAC) No - 0 Yes -			ELETTAC) xxxx.xx)			
	CsA:	(ELEIMCSA) No - 0 Yes -			ELETCSA) xxxx.xx)		(ELECSAFR)	Sandimmune - 0 Neoral - 1 Generic under formulation - 2
	Mycophenolate Mofetil:	(ELEIMMYC) No - 0 Yes -						,
	Azathioprine:	(ELEIMAZA) No - 0 Yes -						
	Sirolimus:	(ELEIMRAP)						

1	No - 0
Other:	(ELEIMOTH) ☐ No - 0 ☐ Yes -
1	1

If *Other*, please specify: (*ELEIMOT*)





6. Did the patient receive monoclonal or polyclonal therapies for induction or rejection? *(ELEMPTHE)*

If Yes, please specify:

Type of therapy	Received?	Number of courses	Total # of days
ALG/ATG/ALS:	(ELEALG) No - 0 Yes - 1	(ELENCALG) (xx)	(ELENDALG) (xx)
OKT3/Monoclonal:	(ELEOKT) ☐ No - 0 ☐ Yes - 1	(ELENCOKT) (xx)	(ELENDOKT) (xx)
IL-2 Mab:	(ELEMAB) ☐ No - 0 ☐ Yes - 1	(ELENCMAB) (xx)	(ELENDMAB) (xx)
Other:	(ELETHOTH) No - 0 Yes - 1	(ELENCOTH) (xx)	(ELENDOTH) (xx)

If Other, please specify: (ELETHEOT)

7. Comments: (ELECOMM)

Additional Selection Options for ELE

Units: copies / ml - 6 Other - 9