

# Submitter Details

Please complete the survey below.

Click 'Submit' to continue onto the next form. Thank you!

- 
- 1) Transplant Institute Name

---

  - 2) Please enter the initials of the submitter

---

  - 3) Submitter Email Address

# Pre-Transplant Module

Please complete the survey below.

Click 'Submit' to continue onto the next form. Thank you!

---

Patient Gender at Birth

- Male  
 Female

---

Age at time of listing

---

---

Patient Race

- White/Caucasian  
 Black  
 Asian  
 Native American  
 Other  
 Unknown

---

Patient's ethnicity

- Hispanic  
 Non-Hispanic  
 Unknown

---

What country does the patient live in?

- United States  
 Other

---

What country is the patient from if other?

---

---

Did the patient have co-morbid conditions prior to contracting COVID-19

- Yes  
 No

---

If the patient had pre-existing comorbid conditions, which conditions did they have?

- Any lung disease prior to developing COVID-19  
 Essential hypertension  
 Diabetes  
 Obesity, BMI>30-35  
 Morbid Obesity, BMI >35  
 Hyperlipidemia  
 Coronary artery disease  
 Peripheral vascular disease  
 Depression or anxiety  
 Chronic kidney disease  
 Immunosuppressed state  
 History of smoking  
 Blood disorders (sickle cell disease, thalassemia)  
 Other pertinent diagnoses

---

What other comorbid conditions did the patient have?

---

---

Which lung diseases did the patient have prior to COVID-19

- Asthma  
 COPD/ emphysema  
 Sarcoidosis  
 ILD: IPF  
 ILD: non-IPF  
 Cystic fibrosis  
 Pulmonary arterial hypertension  
 None  
 Other

What other lung comorbid conditions did the patient have? \_\_\_\_\_

Did the patient require supplemental oxygen prior to contracting COVID-19

- Yes  
 No

How many liters of oxygen did the patient require prior to COVID-19 diagnosis? \_\_\_\_\_

Was the patient listed for lung transplant prior to contracting COVID-19.

- Yes  
 No

If the patient was listed for lung transplant prior to contracting COVID, what was the leading indication for listing?

- COPD/ emphysematous lung disease  
 Interstitial lung disease, IPF  
 Interstitial lung disease, non-IPF  
 Cystic fibrosis  
 Pulmonary arterial hypertension  
 Other

What was the other reason for listing for lung transplant prior to COVID-19? \_\_\_\_\_

If patient was listed for lung transplant prior to contracting COVID, what was the most recent lung allocation score prior to the COVID diagnosis? \_\_\_\_\_

How many days between the initial COVID-19 diagnosis and the time of listing \_\_\_\_\_

Did the patient have a negative PCR test at any site prior to transplant?

- Yes  
 No

Time in days from first positive PCR to first negative PCR Testing \_\_\_\_\_

Site of first negative PCR result

- Upper Track (Nasal or Oral)  
 Lower Track (eg, Tracheal or bronchial samples)  
 Unknown

Time from initial diagnosis to first negative Upper Track (Nasal or oral) in days \_\_\_\_\_

Time in days from first PCR to first negative deep sample PCR (tracheal or bronch samples) \_\_\_\_\_

How many negative tests were required to clear for transplant

- None were required to be negative  
 One negative PCR  
 Two negative PCRs  
 Three negative PCRs  
 >3 negative PCRs

Was the SARS-CoV-2 PCR positive at the time of listing for transplant

- Yes  
 No

Which site had a positive result at the time of listing

- Upper  
 Deep

---

What was the Ct value of the positive result (if both sites are positive, list lower track source)?

---

---

Was the COVID PCR positive at the time of transplant?

- Yes  
 No  
 Not tested at the time of transplant

---

Which site was positive at the time of transplant

- Upper  
 Lower

---

What was the Ct value of the positive PCR at the time of transplant (if multiple sites, provide the lower track Ct value)

---

---

Did the patient have SARS-CoV-2 antibody testing prior to transplant?

- Yes  
 No

---

Which assay was done and positive (if not done, do not check)?

- Spike Antibody Positive  
 Spike Antibody Negative  
 Nucleocapsid Antibody Positive  
 Nucleocapsid Antibody Negative  
 Other Antibody Positive  
 Other Antibody Negative

---

Time from first SARS-CoV-2 PCR to antibody test in days

---

---

How many days was the patient on mechanical ventilation from initial diagnosis to the date of transplantation

---

---

Was the patient ventilator-dependent at the time of transplant?

- Yes  
 No

---

What was the FiO2 on the ventilator at the time of transplant

---

---

What was the static lung compliance at the time of transplant (mL/cmH20)?

---

---

Number of days of ECMO support from the time of initial diagnosis to the time of transplant

---

---

Was the patient ECMO Dependent at the time of transplant

- Yes  
 No

---

What was the FiO2 on the ECMO circuit at the time of transplant?

---

---

What was the patient's level of mobility at the time of transplant?

- Patient fully ambulatory  
 Patient ambulatory with assistance  
 Patient not ambulatory, but able to participate in physical therapy  
 Patient not ambulatory and not able to participate in physical therapy

Did the patient require paralytics within 7 days of transplant

- Yes  
 No

Who provided the transplant consent?

- The Patient  
 Next of Kin

Did the patient have any cavities on chest imaging prior to transplant?

- Yes  
 No

What was the cause of the cavity?

- Proven Aspergillus  
 Presumed Aspergillus  
 Proven Mucormycosis  
 Presumed Mucormycosis  
 Bacterial  
 Non-Infectious  
 Unable to diagnose the cause

How was the patient treated after the cavity was noted?

- No treatment provided  
 Empiric antibiotics  
 Pathogen-directed antibiotics  
 Empiric antifungals  
 Pathogen-directed antifungals

Was the therapy used to treat the presumed or proven cause of the cavity:

- Stopped at some point prior to transplant (short course of therapy completed)  
 Ongoing at the time of transplant but not continued post-transplant  
 Ongoing at the time of transplant and continued post-transplant

Did the patient have evidence of fibrosis on CT imaging prior to the transplant?

- Yes  
 No

What was the Lung Allocation Score (LAS) at the time of transplant?

\_\_\_\_\_

What medical therapies did the patient receive to treat COVID-19 prior to transplant?

- Remdesivir  
 Dexamethasone  
 Convalescent plasma  
 Monoclonal antibody treatment  
 IL-6 Therapy (Tocilizumab, Sarilumab)  
 Baricitinib  
 Other

What was the other medical therapy used to treat COVID-19 prior to transplant?

\_\_\_\_\_

Please list all bacterial infections (culture or PCR positive) treated in the 2 weeks prior to transplant (leave blank if none)

\_\_\_\_\_

Please list all fungal infections treated in the 2 weeks prior to transplant (leave blank if none)

\_\_\_\_\_

Please list all mycobacterial infections treated in the 2 weeks prior to transplant (leave blank if none)

\_\_\_\_\_

---

Please list all viral infections treated in the 2 weeks prior to transplant (leave blank if none)

---

---

Please list all other infections treated in the 2 weeks prior to transplant (leave blank if none)

---

# Transplant Event Module

Please complete the survey below.

Click 'Submit' to continue onto the next form. Thank you!

---

How many days from the first positive SARS-CoV-2 PCR test to the day of transplant

\_\_\_\_\_

---

Was intraoperative ECMO used for the patient?

- Yes  
 No

---

What type of ECMO was used in OR?

- VA  
 VV

---

Was the patient on ECMO when they left the OR?

- Yes  
 No

---

How many minutes of ECMO were used in the OR?

\_\_\_\_\_

---

Was Cardiopulmonary Bypass Used in the OR?

- Yes  
 No

---

How many minutes of cardiopulmonary bypass were required?

\_\_\_\_\_

---

What was the total ischemia time (hours)

\_\_\_\_\_

---

Was the Cell Saver used intra-operatively

- Yes  
 No

---

How many intra-operative units of RBCs were given (enter 0 if none)?

\_\_\_\_\_

---

How many units of FFP were used while in the OR (enter 0 if none)?

\_\_\_\_\_

---

How many units of platelets were used in the OR (enter 0 if none)?

\_\_\_\_\_

# Post-Transplant Course Module

Please complete the survey below.

This is the final form for the survey. Once submitted, this record will be marked as complete.

Did the patient receive induction immunosuppression?  Yes  
 No

What agent(s) was used for induction immunosuppression?

Basiliximab  
 Alemtuzemab  
 Thymoglobulin  
 Daclizumab  
 Methylprednisolone  
 Other

What other agent(s) were used for induction immunosuppression? \_\_\_\_\_

What are the current maintenance immunosuppression being used on the patient currently?

Tacrolimus  
 Mycophenolate mofetil  
 Prednisone  
 Sirolimus  
 Cyclosporine  
 Everolimus  
 Belatacept

Did the patient receive any additional immunosuppression at any point post-transplant?

None  
 Eculizumab  
 Rituxumab  
 Plasma Phoresis  
 IVIG

Did the patient receive any SARS-CoV-2 directed therapy post-transplant?  Yes  
 No

What COVID-10 specific therapeutics were used post-transplant?

Remdesivir  
 Monoclonal antibody  
 Convalescent plasma  
 IL-6 inhibitor  
 JAK inhibitor  
 Other

What other COVID-19 specific therapies were used post-transplant? \_\_\_\_\_

Did the patient have post-transplant surveillance for SARS-CoV-2 by PCR testing?  Yes  
 No

Please list the site and days post-transplant that the positive PCR results were detected (leave row blank if test not done)

Site	Days Post-Txp
Test #1	_____
Test #2	_____
Test #3	_____
Test #4	_____
Test #5	_____



What was the post-transplant length of stay in the ICU in days?

\_\_\_\_\_

How many days of ECMO support were needed between transplant and discharge?

\_\_\_\_\_

How many days of mechanical ventilatory support were needed from transplant until discharge?

\_\_\_\_\_

What was the post-transplant total length of stay in the hospital (days from transplant to first discharge)?

\_\_\_\_\_

Where was the patient discharged to?

- Still Hospitalized  
 Home  
 Rehabilitation Facility

How long was the patient in inpatient rehabilitation (in days)?

\_\_\_\_\_

**30 Day Post-Transplant Status: The following questions relate to how the patient was doing through day 30 following transplant.**

Did the patient survive to day 30?

- Yes  
 No

What was the cause of death?

\_\_\_\_\_

What was the post-transplant day of death?

\_\_\_\_\_

Which of the following post-transplant complications did the patient experience in the first 30 days after transplant?

- Airway dehiscence  
 Airway ischemia/necrosis  
 Bronchial stricture/stenosis requiring intervention  
 recurrent COVID-19  
 post-transplant pneumonia  
 bacteremia  
 septic shock  
 Grade 3 PGD within 72 hours of transplant  
 Pulmonary Embolism  
 Invasive Aspergillosis  
 other

List Other Complications

\_\_\_\_\_

**6 Month Post-Transplant Status: The following questions relate to how the patient was doing through day 180 (6 months) post-transplant.**

Which of the following post-transplant complications did the patient experience day 31-90 post-transplant?

- Airway dehiscence
- Airway ischemia/necrosis
- Bronchial stricture/stenosis requiring intervention
- recurrent COVID-19
- post-transplant pneumonia
- bacteremia
- septic shock
- Grade 3 PGD within 72 hours of transplant
- Pulmonary Embolism
- Invasive Aspergillosis
- other

List Other Complications

\_\_\_\_\_

Which of the following post-transplant complications did the patient experience day 91-180 (months 3-6) post-transplant?

- Airway dehiscence
- Airway ischemia/necrosis
- Bronchial stricture/stenosis requiring intervention
- recurrent COVID-19
- post-transplant pneumonia
- bacteremia
- septic shock
- Grade 3 PGD within 72 hours of transplant
- Pulmonary Embolism
- Invasive Aspergillosis
- other

List Other Complications

\_\_\_\_\_

Is the patient alive at day 180 post-transplant?

- Yes
- No
- Not yet 180 days post-transplant

What was the cause of death?

\_\_\_\_\_

Did the patient experience antibody or cellular rejection through day 180 (6 months) post-transplant?

- Yes
- No

How many treated episodes of rejection (ACR or AMR) occurred during the first 180 days (6 months) post-transplant?

\_\_\_\_\_

For rejection episode #1: What type of rejection did the patient have?

- Acute Cellular Rejection
- Antibody-Mediated Rejection

For rejection episode #1: Using ISHLT Criteria, what was the grade of rejection (if more than one, please select most severe)

\_\_\_\_\_

Did the patient have another rejection episode in the first 180 days (6 months post-transplant)?

- Yes
- No

For rejection episode #2: What type of rejection did the patient have?

- Acute Cellular Rejection
- Antibody-Mediated Rejection

For rejection episode #2: Using ISHLT Criteria, what was the grade of rejection (if more than one, please select most severe)

\_\_\_\_\_

Did the patient have another rejection episode in the first 180 days (6 months post-transplant)?

- Yes  
 No

For rejection episode #3: What type of rejection did the patient have?

- Acute Cellular Rejection  
 Antibody-Mediated Rejection

For rejection episode #3: Using ISHLT Criteria, what was the grade of rejection (if more than one, please select most severe)

\_\_\_\_\_

Did the patient have another rejection episode in the first 180 days (6 months post-transplant)?

- Yes  
 No

For rejection episode #4: What type of rejection did the patient have?

- Acute Cellular Rejection  
 Antibody-Mediated Rejection

For rejection episode #4: Using ISHLT Criteria, what was the grade of rejection (if more than one, please select most severe)

\_\_\_\_\_

**12 Month Follow-Up Data: For the following section, please provide data on the patient between day 181 and 365 (through 1-year post-transplant).**

Which of the following post-transplant complications did the patient experience day 181-365 (months 6-12) post-transplant?

- Airway dehiscence  
 Airway ischemia/necrosis  
 Bronchial stricture/stenosis requiring intervention  
 recurrent COVID-19  
 post-transplant pneumonia  
 bacteremia  
 septic shock  
 Grade 3 PGD within 72 hours of transplant  
 Pulmonary Embolism  
 Invasive Aspergillosis  
 other

List Other Complications

\_\_\_\_\_

Is the patient alive at day 365 (1 year) post-transplant?

- Yes  
 No  
 Not yet 365 days post-transplant

What was the cause of death?

\_\_\_\_\_

Did the patient experience antibody or cellular rejection day 181-365 (6-12 months) post-transplant?

- Yes  
 No

How many treated episodes of rejection (ACR or AMR) occurred during day 181-365 (6-12 months) post-transplant?

\_\_\_\_\_

---

For rejection episode #1: What type of rejection did the patient have?

- Acute Cellular Rejection  
 Antibody-Mediated Rejection

---

For rejection episode #1: Using ISHLT Criteria, what was the grade of rejection (if more than one, please select most severe)

\_\_\_\_\_

---

Did the patient have another rejection episode in day 181-365 days (months 6-12 months post-transplant)?

- Yes  
 No

---

For rejection episode #2: What type of rejection did the patient have?

- Acute Cellular Rejection  
 Antibody-Mediated Rejection

---

For rejection episode #2: Using ISHLT Criteria, what was the grade of rejection (if more than one, please select most severe)

\_\_\_\_\_

---

Did the patient have another rejection episode in the first 180 days (6 months post-transplant)?

- Yes  
 No

---

For rejection episode #3: What type of rejection did the patient have?

- Acute Cellular Rejection  
 Antibody-Mediated Rejection

---

For rejection episode #3: Using ISHLT Criteria, what was the grade of rejection (if more than one, please select most severe)

\_\_\_\_\_

---

Did the patient have another rejection episode in the first 180 days (6 months post-transplant)?

- Yes  
 No

---

For rejection episode #4: What type of rejection did the patient have?

- Acute Cellular Rejection  
 Antibody-Mediated Rejection

---

For rejection episode #4: Using ISHLT Criteria, what was the grade of rejection (if more than one, please select most severe)

\_\_\_\_\_

---

Are there any other issues about the patient you want to include?

\_\_\_\_\_