FMT Follow-Up Form

Your participation in our Quality & Safety Program is invaluable and allows us to monitor the outcomes of FMTs on a per-donor basis across our network. We appreciate your contribution to patient safety and the field of FMT. Only submit this form once the patient has been assessed for clinical cure and all sections are complete.

<table>
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<tr>
<th>Unit ID: __________________</th>
<th>Partner ID: __________________</th>
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**Case Information**

**Delivery method:**
- Lower Delivery (250mL)
  - [ ] Sigmoidoscopy
  - [ ] Colonoscopy
  - [ ] Enema
  - [ ] Other: __________________
- Upper Delivery (30mL)
  - [ ] Upper endoscopy
  - [ ] Nasogastric delivery
  - [ ] Nasoduodenal delivery
- Oral
  - [ ] Capsule

**Recurrent CDI:**   [ ] Yes  [ ] No

*If recurrent, number of confirmed episodes pre-FMT: ____________________

**Refractory CDI:**   [ ] Yes  [ ] No

**CDI Severity:**
- [ ] Mild-to-moderate
- [ ] Severe
- [ ] Severe-complicated

**8 Week Clinical Follow-Up**

**Clinical Cure:**   [ ] Yes  [ ] No

**Adverse event:**   [ ] Yes  [ ] No

If **Adverse event** is Yes, complete form at [http://www.openbiome.org/adverse-events](http://www.openbiome.org/adverse-events). This information will be passed on to Finch Therapeutics, OpenBiome's licensed manufacturer. A member of the Finch safety team will contact you to follow up on this report.

Please return this form to safety@openbiome.org or fax to 617-575-2201.

**Glossary**

**Recurrent CDI:** Recurrence of CDI symptoms for 48 hours or longer within 8 weeks after the completion of at least 10 days of CDI treatment.

**Refractory CDI:** Persistent or worsening of diarrhea characteristic of CDI and 1 of the following:
- Ongoing abdominal pain, fever (temperature ≥ 38.0°C)
- Peripheral white blood cell (WBC) counts greater than 15.0 × 10^9/L despite treatment with oral vancomycin at a dose of 500mg 4 times daily for at least 5 days

**Mild-to-moderate CDI:** Diarrhea plus any additional signs or symptoms not meeting severe or complicated criteria

**Severe CDI:** Hypoalbuminemia (albumin < 3 g/dl) and WBC count ≥ 15,000 cells/mm^3 or abdominal tenderness

**Severe-complicated CDI:** Any of the following attributable to CDI:
- Admission to ICU for CDI
- Hypotension with or without requires use of vasopressors
- Serum lactate levels > 2.2 mmol/l
- End organ failure (mechanical ventilation, renal failure, etc.)
- Mental status changes
- WBC ≥ 35,000 cells/mm^3 or < 2,000 cells/mm
- Fever ≥ 38.5 °C
- Ileus or significant abdominal distention

**Clinical Cure:** The absence of treatment failure.

**Treatment Failure:** Any of the following from 0- to 8-weeks of FMT:
- Persistence of diarrhea (> 3 unformed stool for 48 hours) with either a positive C. difficile toxin assay (EIA) or tcdB polymerase chain reaction (PCR) assay
- The need for additional therapy for CDI
- Colectomy
- Death directly attributable to CDI

**Adverse Event:** Any of the following outcomes: death, life-threatening health events, hospitalization (initial or prolonged), disability or permanent damage, congenital anomaly/birth defect, or other serious important medical event(s)