



PVDOMICS STUDY

Center Acknowledgement of DCC Core Incidental Finding(s) - Form #138

Instructions: This form is used by the center to acknowledge receipt of an incidental finding(s) reported by a PVDOMICS Study DCC Core. Complete this form within 7 days of receipt of an incidental finding notification. **Each center should decide what action to take locally, as necessary.**

Important: Please note that Q3 refers to the date of the test with incidental findings. It is not the date the Core sent the email.

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1. Identification Number

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2. Alphacode

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3. Date of test Core is reporting on: (mm/dd/yyyy)

4. Clinical Center acknowledges receipt of incidental finding notification regarding the following test:

1=Sleep study

2=Chest CT

3=Cardiac MRI

4=Cardiac ECHO

5=Right heart catheterization (RHC)

6=CPET

7=ECG

8=Other, specify: _____

9=Elevated homocysteine level

200. Date form completed (mm/dd/yyyy)..... ____/____/____

201. Username of person completing/reviewing completeness of this form _____

Clinical Center Use Only

Date Form Entered (mm/dd/yyyy) ____/____/____

Username of person entering this form _____