



PVDOMICS STUDY

Cardiac ECHO Core Incidental Finding(s) Form #266

Data on this form is collected by the Imaging Core Lab (ICL) when an incidental finding(s) has been identified on the cardiac Echocardiogram (ECHO) study. The Core staff will enter this form in the study database and an email message will be sent automatically to the Clinical Center PI and Study Coordinator. *A Form 138 will need to be completed by the clinical center to acknowledge receipt of these findings.*

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1. Identification Number

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2. Alphacode

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3. Date of cardiac ECHO (mm/dd/yyyy)

4. Date image received at ICL (mm/dd/yyyy)..... ____/____/____

5. Date data read at ICL (mm/dd/yyyy)..... ____/____/____

6. Username of person reading the cardiac ECHO _____
(Username of person is the first 6 letters of last name and first initial.)

Incidental Findings: Please comment on what was found on this cardiac ECHO.

7. Tumor (0=No, 1=Yes) _____

8. Thrombus (0=No, 1=Yes)....._____

9. Pericardial effusion (0=No, 1=Yes)....._____

10. Other ECHO findings (0=No, 1=Yes, specify in Q11-comments) _____

11. Comments:

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

201. Username of person reviewing completeness of this form _____

Clinical Center Use Only

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

Username of person entering this form....._____