



PVDOMICS STUDY

Cardiopulmonary Exercise Test Incidental Finding(s)

Form #293

Data on this form is collected by the Cardiovascular Physiology Core (CPC) when an incidental finding(s) has been identified in the invasive or non-invasive cardiopulmonary exercise test (CPET). 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 CPET (mm/dd/yyyy)

4. Date data received by CPC (mm/dd/yyyy) ____ / ____ / ____

5. Date data read by CPC (mm/dd/yyyy) ____ / ____ / ____

6. Username of physician who identified findings ____
(Username of physician is the first 6 letters of last name and first initial.)**Incidental Findings: Please comment on what was found on this CPET.**

7. Evidence of acute MI? (0=No, 1=Yes) ____

8. Drop in blood pressure of more than 20 points? (0=No, 1=Yes) ____

9. SVT sustained for 30+ seconds with heart rate > 150 bpm? (0=No, 1=Yes) ____

10. Marked bradycardia? (30 bpm for 6 seconds or greater) (0=No, 1=Yes) ____

11. Wide QRS tachycardia? (>4 beats with rate >100 bpm) (0=No, 1=Yes) ____

12. Second degree atrioventricular (AV) block Mobitz Type II? (0=No, 1=Yes) ____

13. Third degree AV block? (0=No, 1=Yes) ____

14. Atrial fibrillation/atrial flutter with rate >150 bpm? (0=No, 1=Yes) ____

15. a. Other CPET incidental findings (0=No, 1=Yes, specify in Q15a-comments) ____

b. Comments:

16. Has someone at the CP Core spoken to someone at the center? (0=No, not necessary, 1=Yes) ____

a. Date contacted (mm/dd/yyyy) ____/____/____

b. CPC personnel spoke to? ____

1=PVDOMICS PI

2=PVDOMICS Co-PI

3=Other Physician

4=PVDOMICS Study Coordinator

5=Other clinical center person

Name of person contacted: (not entered into database):

17. a. Date of review with CPC PI (mm/dd/yyyy) ____/____/____

b. CPC PI (1=Tang, 2=Jacob) ____

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

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

CPC Use Only:

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

Username of person entering this form ____