



L-PVDOMICS STUDY

Sleep Study CORE Receipt and Review - Form #553

Instructions: This form is completed by L-PVDOMICS Sleep Study Core personnel upon receipt and review of EDF file transmitted from a clinical center.

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1. Identification Number

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2. Alphacode

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3. Start date of when device placed: (mm/dd/yyyy)

4. Date file received at Sleep Core and opened for review? (mm/dd/yyyy) ____/____/____
- a. Type of study (1=Sleep study, 2=Nocturnal oximetry only)
5. Was sleep data available and test able to be scored? (0=No, 1=Yes)
- If no, why couldn't test be scored? (0=No, 1=Yes, 8=N/a, oximetry only)
- a. Not enough data recorded.....
- b. Not enough oximetry data recorded
- c. Appears that equipment failed during the test
- d. EDF file got corrupted while downloading from device or during transmission

Scoring

6. Date sleep study/oximetry scored? (mm/dd/yyyy) ____/____/____
7. Username of Sleep Core Scorer
8. Time Scorer set lights off (24-hr clock) (hh:mm):.....
9. Time Scorer set lights on (24-hr clock) (hh:mm):.....
10. Total recording time (24-hour clock) (hh:mm):.....
11. Total participant sleep time (24-hour clock) (hh:mm):.....
12. Number of apnea and hypopnea events identified (n/a, if oximetry only) ____

Database will calculate Q13 and Q14. Record calculated scores in space provided below.

13. Calculated AHI score (events/hour of sleep) (n/a, if oximetry only)

14. Calculated Apnea Hypopnea Index (AHI) severity score (n/a, if oximetry only)

The AHI severity scores are categorized as: 1=Normal: 0-4, 2=Mild sleep apnea: 5-14,
3=Moderate sleep apnea: 15-29, 4=Severe sleep apnea: 30 or more

Scoring continued on next page

For Channels Identified Below - Code the following:

Column a: use: 0=No, 1=Yes, For Q17-20: use 8=n/a, oximetry only**Column b:** record number of hours of usable data to the nearest 15 minutes**Column c:** 1 = <25% of estimated sleep time, 02 = 25-49% of estimated sleep time, 3 = 50-74% of estimated sleep time, 4 = 75-94% of estimated sleep time, 5 = Entire estimated sleep time (>95%)

	a. Channel Available?	b. Usable Signal Hours?	c. Signal Quality Code
15. Cannula flow/pressure?.....	_____	____.____	____
16. Thoracic chest belt?	_____		
17. Abdominal belt?	_____	____.____	____
18. Oximetry?	_____	____.____	____
19. ECG?.....	_____	____.____	____
20. PAP therapy?	_____	____.____	____

For Question 21: use the following scores: 1 = <25% of estimated sleep time, 2 = 25-49% of estimated sleep time, 3 = 50-74% of estimated sleep time, 4 = >75% of estimated sleep time, 8=N/a, if oximetry only)

21. Flow limitation score: _____

22. Overall sleep study quality....._____

1=Fail. Less than 3 hours of oximetry and one band

2=Fair. Oximetry and either nasal/mask pressure or one band usable for ≥ 3 hours3=Good. At least nasal/mask pressure, one band, and oximetry usable for ≥ 4 hours4=Excellent. All channels are useable for ≥ 4 hours but < 6 hours.

Comments:_____

Urgent Alerts:

23. Were there any urgent alerts identified? (0=No, 1=Yes, complete Form 554) _____

24. Date reviewed with Sleep Core PI (mm/dd/yyyy) ____/____/____

200. Date 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 _____