



## L-PVDOMICS Study Echocardiogram (ECHO) Transmittal Form #650

**Instructions:** This form is used for **Level 1 participants only**. It is used to upload data to AG Mednet for the Imaging Core Lab (ICL) and L-PVDOMICS database. (Note that Q3b will not appear on AG Mednet screen.) Review Echo MOP Chapter prior to testing.

### Study Coordinator Completes Questions 1-5.

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1. Identification Number

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2. Alphacode

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

3. b. Was an ECHO done **for this Level 1 participant**? .....  
 1=Yes, ECHO completed per L-PVDOMICS study protocol  
 2=Yes, clinical/standard of care ECHO done  
 3=No, attempted but participant could not tolerate procedure (*skip to end of form*)  
 4=No, scheduling issue (*skip to end of form*)  
 5=No, other logistical issue at the site (*skip to end of form*)  
 6=No, participant refused even after study PI talked with participant (*skip to end of form*)
4. Gender (1=Male, 2=Female) (database will auto populate from Form100).....
5. Visit Type (1=Qualification, 3=Follow-up for L-PVDOMICS Study ) .....  
 (Note: Use '1=Qualification' for new ECHO sonographer submission. Use '3=Level 1 participant's L-PVDOMICS study submission.)

### Sonographer Completes Questions 6-12.

6. a. Was blood pressure measured at the beginning of ECHO .....  
 0=No, BP measures not collected, 1=Yes
- b. If yes, blood pressure measures (mmHg) (systolic/diastolic) ..... / .....
7. Agitated saline contrast?\* (*aka bubble study*) (for study identified in Q3a) (0=No, 1=Yes, 9=unknown) .....
8. a. Was contrast enhancement for left ventricular opacification (LVO) used? .....  
 0=No, 1=Yes, 9=Unknown
- b. If yes, name of contrast agent used .....  
 1=Optison  
 2=Definity  
 3=Lumason  
 8=Other, specify .....
- c. Total contrast volume (mL) .....

\* Information is for Echo Core use only. 'Bubble study' is not required for L-PVDOMICS.

*Please document any comments on next page.*

Comments \_\_\_\_\_  
\_\_\_\_\_

9. a. Username of PVDOMICS-trained ECHO Sonographer responsible  
for echocardiogram .....  
(PVDOMICS-trained sonographer should have Form 10-Study Personnel entered in the PVDOMICS  
database in order for username to appear in the drop down box)

b. Name of ECHO Sonographer who performed ECHO (will not be entered  
into L-PVDOMICS database): \_\_\_\_\_

**Ultrasound Equipment Used for this ECHO**

10. Ultrasound manufacturer name \_\_\_\_\_

11. Model # \_\_\_\_\_

12. Serial # \_\_\_\_\_

**Transmission Details for ECHO to AG Mednet – Coordinator completes Q13 through end of form.**

13. Method of transmission (1=Digital transfer, 8=Other, specify \_\_\_\_\_).....

14. Date ECHO file transmitted (mm/dd/yyyy) .....  
(Date file transmitted must be greater or equal to the date the form is completed.)

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

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

**Clinical Center Use Only**

Date form entered (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Username of person entering this form \_\_\_\_\_