



L-PVDOMICS STUDY

CPET/iCPET Results Form #689

Instructions: Use this form to record data from a CPET or iCPET performed clinically during the L-PVDOMICS follow-up period. This form will be used to record CPET data for participants enrolled in **all levels of participation**.

- CPET must have been performed at the PVDOMICS Study site.
- CPET must be at least 6 months past the end date of the PVDOMICS parent study
- Should not be no more than 3 months prior to or after Form 500 L-PVDOMICS Study enrollment date or up to the time of transplant or death
- If multiple CPET's, use the one closest to the Form 500 L-PVDOMICS Study enrollment date. *Invasive CPET is preferred over non-invasive CPET in the off chance both exist tests for a participant.*

--	--	--	--	--	--

1. Identification Number

--	--

2. Alphacode

--	--	--	--	--	--	--	--

3. Date of CPET or review (mm/dd/yyyy)

4. Does this participant have results from a CPET during the follow-up period? (0=No, 1=Yes)....__

5. Does this participant have results from an iCPET during the follow-up period? (0=No, 1=Yes) __

6. Measured height on day of CPET (cm) __ __ __. __ __

7. Measured weight on day of CPET (kg) __ __ __. __ __

Body Surface Area (BSA) (m²).....

(Note: database will calculate BSA and store in database. Write the measurement in the greyed out

8. Was this exercise test done on a bicycle (preferred) or treadmill? __
(1=Bicycle, 2=Treadmill)**CPET TEST RESULTS:**

9. Maximum watts achieved __ __ __ __

10. Exercise duration (minutes/seconds) __ __: __ __

11. Did RER reach or exceed 1.10? (0=No, 1=Yes).....__

12. Percent predicted VO₂ max (%).....__ __ __

13. Maximum METS achieved (Functional capacity) __ __. __

If not provided, calculate METS as Peak VO₂/3.5

14. Primary reason for exercise termination, if recorded (select one) _____

1=End of iCPET protocol

5=Lower Extremity Pain

2=Fatigue

6=Syncope/Near Syncope

3=Dyspnea

7=Physician's or technician's discretion

4=Chest Pain

For the chart below, submaximal is measured at 2 minutes of exercise. Recovery is measured at 2 minutes post exercise and at the last available time point post exercise that is greater than 2 minutes.

	15. At Rest	16. Submaximal (2 min of exercise)	17. At Peak Exercise	18. Recovery (2 min post exercise)	§	19. Recovery (last available post exercise >2 min)
a. Heart Rate (bpm)	_____	_____	_____	_____	—	_____
b. Blood Pressure (mmHg) (systolic/diastolic)	_____/_____ _____	_____/_____ _____	_____/_____ _____	_____/_____ _____	—	_____/_____ _____
c. Oxygen Saturation (%)	_____	_____	_____	_____	—	_____
d. Respiratory Rate	_____	_____	_____	_____	—	_____
e. Borg Score (Dyspnea)	____	____	____	____	—	____
f. Borg Score (RPE)	____	____	____	____	—	____
g. VO ₂ (ml/kg/min)	____.____	____.____	____.____	____.____	—	____.____
h. VCO ₂ (ml/kg/min)	____.____	____.____	____.____	____.____	—	____.____
i. Respiratory Exchange Ratio (RER)*	____.____	____.____	____.____	____.____	—	____.____
j. V _E (BTPS) (L/min)	____.____	____.____	____.____	____.____	—	____.____
k. Tidal Volume (V _T) (mL)	_____	_____	_____	_____	—	_____

<i>Continue, if invasive</i>	15. At Rest	16. Submaximal (2 min of exercise)	17. At Peak Exercise	18. Recovery (2 min post exercise)	19. Recovery (5 min post exercise)
l. SaO ₂	_____	_____	_____	_____	_____
m. S $\bar{V}$ O ₂	_____	_____	_____	_____	_____

§ = last available time point code: 2:30min=1; 3min=2; 3:30min=3; 4min=4; 4:30min=5; 5min=6

*RER = VCO₂/VO₂

n. RA Pressure (RAP)	_____	_____	_____	_____	_____
o. Mean PA Pressure (mPAP)	_____	_____	_____	_____	_____
p. Systolic PA Pressure (sPAP)	_____	_____	_____	_____	_____
q. Diastolic PA Pressure (dPAP)	_____	_____	_____	_____	_____
r. Pulmonary Capillary Wedge Pressure	_____	_____	_____	_____	_____

Direct Fick Cardiac Output: Calculated using co-oximeter measured SaO₂ and SvO₂ and measured VO₂.

20. Are Direct Fick Cardiac Output Measurements available for this iCPET? (0=No, 1=Yes) ____

	At Baseline	At Peak Exercise	At Recovery
a. VO ₂ value used (ml/kg/min)	_____.____	_____.____	_____.____
b. Direct Fick Cardiac Output (L/min)	_____.____	_____.____	_____.____
c. Direct Fick Cardiac Index (L/min/m ²) (calculated by PVDOMICS database; record on this form)	_____.____	_____.____	_____.____

If any adverse events or unexpected problems occurred during the CPET, please include available details in the comments box below.

21. Are any comments documented? (0=No comments, 1=Yes, specify below) ____

22. Username of physician who either completed this form **OR** reviewed and verified accuracy

of the data reported on this form..... ____
(Username of physician is the first 6 letters of last name and first initial.)

200. Date this form was 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 ____