PVDOMICS STUDY
Sleep Study Core Receipt and QA Review - Form #153

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

Note: 10/20/2020: PAP device use during Sleep Study will be identified from the information provided on F150 / F151. If F151 is unavailable, the DCC and the Core will review the available information and to determine if PAP use can determined.

1. Identification Number   2. Alphacode   3. Start date of when device placed: (mm/dd/yyyy)

4. Date file received at Sleep Core and opened for review? (mm/dd/yyyy)___ ___/___ ___/___ ___ ___ ___

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)
   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 scored? (mm/dd/yyyy) .... ___ ___/___ ___/___ ___ ___ ___

7. Username of Sleep Core Scorer ....___ ___ ___ ___ ___ ___ ___

8. Time Scorer set lights <u>off</u> (24-hr clock) (hh:mm) .... ___ ___:___ ___

9. Time Scorer set lights <u>on</u> (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 .... ___ ___ ___

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

13. Calculated AHI score (events/hour of sleep) .... ___ ___ ___.___

14. Calculated Apnea Hypopnea Index (AHI) severity score....................................... ___
       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

For Channels Identified Below - Code the following:

      Column a: use: 0=No, 1=Yes

      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 Questions 20-21: 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

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 hours
    3=Good. At least nasal/mask pressure, one band, and oximetry usable for ≥ 4 hours
    4=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 154).. ___

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 ___ ___ ___ ___ ___ ___ ___