PVDOMICS Study
Echocardiogram (ECHO) Transmittal Form #250

Instructions: This form is used for both uploading data to AG Mednet for the Imaging Core Lab (ICL) and PVDOMICS database. *(Note that Q3b and 7a-b will not appear on AG Mednet screen.)* Review MOP Chapter 60 prior to testing.

Study Coordinator Completes Questions 1-5.

1. Identification Number	2. Alphacode	3a. Date of ECHO (mm/dd/yyyy)

3.　b.　Was an ECHO done?...____

　　　　1=Yes, ECHO completed per PVDOMICS study protocol
　　　　The following responses are considered PVDOMICS Study DEVIATIONS
　　　　2=Yes, ECHO done but did not use PVDOMICS ECHO protocol (*missing bubble study and/or other study variables*), logistically had a clinical ECHO study
　　　　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, 2=Baseline, *3=Follow-up*) ....____
　　　(Note: Use '1=Qualification' for new ECHO sonographer submission. Use '2=Baseline' for a participant's study submission. Disregard response 3 for now.)

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)..........................____

　　a.　If Q7=0-No, why not? ....____
　　　　1=Historical study done　　　　　　4=Logistics
　　　　2=No IV access　　　　　　　　　　5=Known intracardiac shunt
　　　　3=Pt. refused

　　a.1. If Q7a=1, date of previous contrast exam (mm/dd/yyyy)___ ___/___ ___/___ ___ ___ ___

　　a.2 What was exam conclusion? (0=Negative, 1=Positive) ....____

　　a.3. If Q7a2=1-Positive, was it? ....____
　　　　(1=Right to left, 2=Left to right, 3=Not determined, 4=Bidirectional, 9=Unknown)

Add comments on next page.

02/27/2019: Q7a3 response code of 4=Bidirectional added. Revision date updated.

8.   a.   Contrast enhancement for left ventricular opacification (LVO) ....___
         0=No, contrast agent not collected, 1=Yes

     b.   If yes, name of contrast agent used ....___
         1=Optison   8=Other, specify_____
         2=Definity
         3=Lumason

     c.   Total contrast volume (mL) ....___ ___

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 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 this form .... ___ ___ ___ ___ ___ ___ ___

Clinical Center Use Only

Date form entered (mm/dd/yyyy) ___ ___/___ ___/___ ___ ___ ___

Username of person entering this form___ ___ ___ ___ ___ ___ ___

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