



## PVDOMICS STUDY

### Addendum to Center Cycle Ergometer Invasive Cardiopulmonary Exercise Test (iCPET) Procedure Notes #291A

**Instructions:** This worksheet/form is used to report additional **invasive CPET results**. This form should not be completed if F291 reports that iCPET was not done for this participant.

**Note:** Form 280 (RHC) must be entered into the database before this form (F291A) can be entered.

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1. Identification Number

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2. Alphacode

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3. Date of iCPET (mm/dd/yyyy)

4. Is the additional information for this iCPET available? (0=No, 1=Yes) .....

*If Q4 = 0, skip to Q200*

**All data should be captured during the last 30 sec of each interval**

Time Elapsed	sPAP	dPAP	VO <sub>2</sub>
(min)	(mmHg)	(mmHg)	(ml/kg/min)
<b>Pre-Exercise (Resting)</b>			
-1			
<b>Exercise</b>			
0			
<b>Start ramp</b>			
2			
4			
6			
8			
10			
12			

Time Elapsed	sPAP	dPAP	VO <sub>2</sub>
(min)	(mmHg)	(mmHg)	(ml/kg/min)
<b>Recovery</b>			
+1			
+2			
+3			
+4			
+5			
<b>Peak</b>			
____ : ____ minutes : seconds			

5. Was hemoglobin measured at peak exercise (0=No, 1=Yes) \_\_\_\_\_
- a. Measured hemoglobin at peak exercise (g/dl) \_\_\_\_\_
- b. Where was blood taken for hemoglobin? (1=Peripheral blood, 2=PA blood sample) \_\_\_\_\_
6. Username of physician who either completed this form **OR** reviewed and verified accuracy of the data reported on this form..... \_\_\_\_\_  
(Note: *username of physician is the first 6 letters of last name and first initial.*)
7. Are any comments documented? (0=No comments, 1=Yes, specify below) \_\_\_\_\_

**Comments:**

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 \_\_\_\_\_