PVDOMICS

PVDOMICS STUDY
CPC Cardiopulmonary
Exercise Test (CPET) Results Form #292

Instructions: This form is for use by the staff at the Cardiovascular Physiology Core (CPC) when reviewing center CPET results.

1. Identification Number | 2. Alphacode | 3. Date of CPET (mm/dd/yyyy)

4. Is CPET acceptable quality? ..... ___

0=Unacceptable, no usable data: no data will be entered. The Core has checked with the site and verified that usable data is not available. *(skip to Q200)*

1=Unacceptable, missing several key pieces of data: some data will be entered but the form will not be completely filled in. The Core has checked with the site and verified that no other data is available.

2=Yes, acceptable: the majority of the data was collected and it was accurate and collected per protocol.

3=No, CPET performed on a treadmill, which is a protocol deviation

PET Measurements - Complete Items Q6-9, a-j for both non-invasive CPET and invasive CPET (iCPET). ***Continue with Items Q10-13, a-f on next page for iCPET only.***

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.

	5. At Rest	**6. Submaximal** (2 min of exercise)	**7. At Peak Exercise**	**8. Recovery** (2 min post exercise)	**§**	**9. Recovery** (last available post exercise >2 min)
a. Heart Rate (bpm)	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___	__	___ ___ ___
b. Blood Pressure (mmHg) (systolic/diastolic)	___ ___ ___ / ___ ___ ___	___ ___ ___ / ___ ___ ___	___ ___ ___ / ___ ___ ___	___ ___ ___ / ___ ___ ___	__	___ ___ ___ / ___ ___ ___
c. Oxygen Saturation (%)	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___	__	___ ___ ___
d. Respiratory Rate	___ ___	___ ___	___ ___	___ ___	__	___ ___
e. VO_2 (ml/kg/min)	___ ___.___	___ ___.___	___ ___.___	___ ___.___	__	___ ___.___
f. VCO_2 (ml/kg/min)	___ ___.___	___ ___.___	___ ___.___	___ ___.___	__	___ ___.___
g. Respiratory Exchange Ratio (RER)*	___. ___ ___	___. ___ ___	___. ___ ___	___. ___ ___	__	___. ___ ___
h. V_E (BTPS) (L/min)	___ ___ ___.___	___ ___ ___.___	___ ___ ___.___	___ ___ ___.___	__	___ ___ ___.___
i. Tidal Volume (V_T) (mL)	___ ___ ___ ___	___ ___ ___ ___	___ ___ ___ ___	___ ___ ___ ___	__	___ ___ ___ ___

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

*RER = VCO_2/VO_2

Record Invasive CPET measures in Q10-13, k-o below (if applicable).

Submaximal is measured at 2 minutes of exercise. Recovery is measured at 2 minutes & 5 minutes post exercise.

Continue, if invasive	**10. At Rest**	**11. Submaximal** (2 min of exercise)	**12. At Peak Exercise**	**13. Recovery** (2 min post exercise)	**14. Recovery** (5 min post exercise)
a. RA Pressure (RAP)	___ ___	___ ___	___ ___	___ ___	___ ___
b. Mean PA Pressure (mPAP)	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
c. Systolic PA Pressure (sPAP)	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
d. Diastolic PA Pressure (dPAP)	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
e. Pulmonary Capillary Wedge Pressure	___ ___	___ ___	___ ___	___ ___	___ ___
f. Direct Fick Cardiac Output (L/min)	___ ___.___ ___		___ ___.___ ___		___ ___.___ ___

CPET TEST RESULTS:

15. Maximum watts achieved ..... ___ ___ ___ ___

16. Exercise duration (minutes)..... ___ ___:___ ___

17. Did RER reach or exceed 1.10? (0=No, 1=Yes, 9=Unknown) .....___

18. Percent predicted VO_2 max (%)..... ___ ___ ___

Note: 03/05/2021: Percent predicted VO_2 max will be calculated by the Data Coordinating Center

19. Maximum METS achieved (Functional capacity)*.....___ ___.___

Comments:

199a. Username of physician reading the CPET .....___ ___ ___ ___ ___ ___ ___ ___
(*Username of physician is the first 6 letters of last name and first initial.)*

199b. Date physician read the CPET .....___ ___/___ ___/___ ___ ___ ___

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

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

CORE Use Only

Date Form Entered (mm/dd/yyyy) ___ ___/___ ___/___ ___ ___ ___

Username of person entering this form ___ ___ ___ ___ ___ ___ ___ ___

*If not provided, calculate METS as Peak VO_2/3.5

02/25/2020: Q19 split into an "a" and "b" to reflect that physicians aren't always filling out the forms.
07/01/2020: "9=unknown" was added as an option for Q17