



ECHOCARDIOGRAPHY ALERTS NOTIFICATION FORM

ID NUMBER:

FORM CODE:

DATE: 06/01/2011
Version 1.0

Instructions: This form is completed by the Echocardiography Reading Center to document critical results noted during the overread of the echocardiogram. If the echocardiogram is judged to have a condition that would require emergent notification, an echocardiography alerts notification form is completed. An alert report is auto-generated for the field centers once a notification is entered into the Data Management System.

ADMINISTRATIVE INFORMATION

0a. Completion Date: //

0b. Staff ID:

1. Date of echocardiogram at the field center.....//
M M D D Y Y Y Y

2. Date of receipt of the echocardiogram//
M M D D Y Y Y Y

3. Critical results noted from the echocardiogram:

Condition	Yes	No
Tamponade	<input type="checkbox"/>	<input type="checkbox"/>
Aortic dissection	<input type="checkbox"/>	<input type="checkbox"/>
Thrombosed or frankly dysfunctional prosthetic valve	<input type="checkbox"/>	<input type="checkbox"/>
Pseudoaneurysm	<input type="checkbox"/>	<input type="checkbox"/>
Intracardiac abscess or obvious vegetation	<input type="checkbox"/>	<input type="checkbox"/>
Intracardiac thrombus	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>

4. Date of reading//
M M D D Y Y Y Y

5. Code number of the preliminary grader

6. Code number of person completing form at the Echo Reading Center: