



# ECHO Procedure Completion Form

ID NUMBER:

FORM CODE: EPC

DATE: 02/02/2024  
Version 2.0

## ADMINISTRATIVE INFORMATION

0a. Completion Date: //  
Month Day Year

0b. Staff ID:

**Instructions:** This form is completed for each participant attending Visit 11.

1. Was the ECHO procedure performed?

- 1  Yes, Completed **GO TO QUESTION 2**
- 2  Attempted, but incomplete **GO TO QUESTION 1a**
- 3  Not attempted **GO TO QUESTION 1b**

1a. Specify why attempted but incomplete: \_\_\_\_\_ **SAVE & CLOSE FORM**

1b. Reason not attempted:

- 1  No show **SAVE & CLOSE FORM**
- 2  Rescheduled **SAVE & CLOSE FORM**
- 3  Refused to sign informed consent form **SAVE & CLOSE FORM**
- 4  Other

1b1. If other, specify: \_\_\_\_\_ **SAVE & CLOSE FORM**

2. ECHO Date: //  
Month Day Year **GO TO QUESTION 3**

3. Were any alert conditions noted?

- Y  Yes **GO TO QUESTION 4**
- N  No **GO TO QUESTION 4**

3a. If yes, specify alert and action taken: \_\_\_\_\_

4. Which Ultrasound system was used to perform the echocardiogram?

- 1  Philips EPIQ 7 **SAVE & CLOSE FORM**
- 2  Philips 5500CV **SAVE & CLOSE FORM**