



ECHO Procedure Completion Form

ID NUMBER:

FORM CODE: EPC

DATE: 02/05/2025
Version 3.0

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: / / **GO TO QUESTION 3**
Month Day Year

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
- 2 Philips 5500CV

5. Was probable atrial fibrillation (Afib) detected during the echocardiogram?

- 1 Yes, recommend urgent evaluation
- 2 Yes, recommend non-urgent evaluation
- 3 No