



ECHO PROCEDURE COMPLETION FORM

ID NUMBER:

FORM CODE:

E	P	C
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DATE: 11/7/2023
Version 1.0

ADMINISTRATIVE INFORMATION:

0a. Form Completion Date: / /
Month Day Year

0b. Staff Code:

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

3. Were any alert conditions noted?

- Yes
- No **SAVE & CLOSE FORM**

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