



INSTRUCTIONS FOR THE ECHO PROCEDURE COMPLETION FORM (EPC11)

I. General Instructions

The Echo Procedure Completion Form (EPC11) is completed for each participant eligible for the Echo study at the time of the echocardiogram or attempted echocardiogram.

II. Detailed Instructions for Each Item

0a. Enter the date the form is completed.

0b. Enter the staff code of the person who is completing the form. If the echo technician is completing this form, enter the technician ID here.

1-1b1. Record whether the echocardiogram was performed, and/or reason incomplete or not attempted. If 'other' reason is selected, specify the details for this selection.

2. Record the echocardiogram date.

3. Record whether any alert conditions are noted on the echocardiogram. If "yes," specify alert and action taken in the field provided.

4. Record the ultrasound system that was used to perform the echocardiogram.

5. Record whether probable atrial fibrillation (Afib) was detected during the echocardiogram. If Afib is detected and requires urgent evaluation within 48 hours, then select "Yes, recommend urgent evaluation". If Afib is detected and is not urgent (i.e., evaluation is recommended within a month) then select "Yes, recommend non-urgent evaluation". Contact the Echo Core Lab for further recommendation as needed. Save and close the form.