



AAA TECHNOLOGIST DATA COLLECTION FORM

OMB#: 0925-0281

Exp. 3/31/2014

ID NUMBER:

FORM CODE:

DATE: 06/01/2011
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Technologist ID:

1. Time of scan

a. Time scan started: :
h h m m

b. AM or PM
AM.....
PM.....

2. Was scan performed before or after the ARIC snack/meal?

Before

After

3. Fill in boxes with diameter measurements. If one of the required measurements could not be obtained (eg., due to gas or obesity), take an image for documentation, enter '9.9' in the boxes, and comment in Question 8.



"Proximal Aorta" (just below SMA)
3a. cm x cm
AP Transverse

"Mid Aorta" (2 cm inferior to renal)
c. cm x cm
AP Transverse

"Distal Aorta" (1 cm above bifurcation)
e. cm x cm
AP Transverse

"Maximum Diameter" or "Fusiform Aneurysm Diameter" between renal arteries and bifurcation (needed only if not at mid aorta or distal aorta sites)
g. cm x cm
AP Transverse

4. Is this exam Normal, or is it Potentially Abnormal (> 2.8 cm infrarenal or pathology)?

Abnormal

Normal → Go to Question 8

Other Potential Abnormalities:

“Saccular Aneurysm”

5a. cm x 5b. cm
AP Transverse

“Thrombus”

5c. Thrombus seen at site (check all that apply):

- Proximal Aorta.....
- Mid Aorta.....
- Distal Aorta.....

5d. “Other Aortic Findings”: _____

5e. “Other Non-Aortic Findings”: _____

6. Special Notification or Referral (check all that apply):

Patient referred to ER for further evaluation because of potentially dangerous finding.....

UMN Aortic Imaging Core Lab alerted of critical finding.....

IF NO SPECIAL NOTIFICATIONS OR REFERRALS WERE CHECKED, GO TO QUESTION 8

7. Reason for special notification or referral (check all that apply):

AAA > 5.0 cm

Non-vascular finding such as unknown periaortic mass.....

Vascular finding of uncertain significance or pathology.....

Other question or problem, either clinical or technical.....

8. Technologist Notes: _____

Required Images: *Images should be recorded for every diameter box filled in and labeled using the terminology indicated in quotation marks. In addition, a “Longitudinal Image” of the infra-renal aorta from renal arteries to the bifurcation is required. Even if a site is obscured by gas, record and transmit the image as documentation, and fill in 9.9 in the diameter box to indicate the measurement is missing.*



INSTRUCTIONS FOR THE AAA TECHNOLOGIST (AAT) FORM

I. General Instructions

The AAA Technologist Data Collection form collects data from the aortic ultrasound exam, and can only be completed by a certified technologist. Refer to the aortic ultrasound Manual of Operations (MOP) for how to find the standardized sites to image and how to take the images and transmit them.

Questions on this form are skipped only when indicated by the skip pattern.

This form can be completed on paper if a laptop is not available to the technologist at the time of the exam. Once the paper form is completed, pass the completed form to a field staff member to enter the data into the DMS.

Safety note: Participants with a history of repair of the aorta or surgery of aorta grafts should **not** have the scan performed.

II. Detailed Instructions for Each Item

- 0a. Enter the date on which the participant was seen in the clinic.
- 0b. The technologist at the clinic who has completed this form must enter his/her code number in the boxes provided.
 - 1a. Record the time the aortic scan began in hours and minutes.
 - 1b. Indicate whether it is AM or PM.
 2. Record whether the exam was done before or after the ARIC snack/meal.
- 3a-f. Using the transverse view record AP and the transverse diameters of the Proximal Aorta, Mid Aorta, and Distal Aorta in cm, to the nearest 10th. If a measurement cannot be obtained due to gas or obesity, enter 9.9.
- 3g-h. If the maximum diameter or Fusiform Aneurysm is not at the mid aorta or distal aorta sites, record the maximum diameter between the renal arteries and bifurcation. Again using the transverse view record both the AP and transverse diameters in cm. These values should be bigger than those in items 3a-3f. If this view is not needed, leave these items blank.
4. If a potential abnormal anatomy of ≥ 2.8 cm or pathology is present, check the Abnormal box and continue to Question 5. If any view or measurement cannot be obtained due to technical difficulties such as gas or obesity and requires entry of 9.9, check the Abnormal box and continue to Question 5. If there is no abnormality or technical problem, check the Normal box skip to Question 8.
- 5a-b. If there is a saccular aneurysm, record the AP and transverse diameter measurements in cm. If this view is not needed, leave these items blank.
- 5c. If a thrombus was seen, check at which site the thrombus was seen. Check all that apply. If no thrombus, leave the boxes blank.
- 5d. Describe in the spaces any other aortic pathologic findings that you want the over-reader to review.
- 5e. Describe any other non-aortic pathologic findings that you want the over-reader to review.

6. Record any referrals that you make for emergencies or special notifications for rapid review. Check all that apply. If none were checked, go Question 8.
7. Check the reasons for any notification or referrals.
8. Record any comments you want to make to the over-reader about this exam. Particularly explain if any images are missing.

Also record if the cine imaging was not performed for the infra-renal aorta, and the reason such as obesity, excessive respiration or other (specify other). Start this section of text by typing 'Cine' (this is to make it clear to the over-readers where the Cine imaging comments begin). Use the following abbreviations (CINP=cine imaging not performed) to avoid excessive typing:

Record "*Cine: CINP/RE: obesity*" to indicate that imaging was not performed for the infra-renal aorta because of obesity."

etc.

Transmit the required images.