ECHOCARDIOGRAPHY ALERTS NOTIFICATION FORM

Instructions: This form is completed by the Echocardiography Reading Center to document critical results noted during the overread of the echocardiogram. If the echocardiogram is judged to have a condition that would require emergent notification, an echocardiography alerts notification form is completed. An alert report is auto-generated for the field centers once a notification is entered into the Data Management System.

ADMINISTRATIVE INFORMATION

0a. Completion Date: / / 0b. Staff ID: 

1. Date of echocardiogram at the field center .................

2. Date of receipt of the echocardiogram .................

3. Critical results noted from the echocardiogram:

   Condition                               Yes  No
   Tamponade                               []  []
   Aortic dissection                       []  []
   Thrombosed or frankly dysfunctional prosthetic valve []  []
   Pseudoaneurysm                          []  []
   Intracardiac abscess or obvious vegetation []  []
   Intracardiac thrombus                   []  []
   Other (specify: _________________________) []  []

4. Date of reading ............................................................

5. Code number of the preliminary grader ...........................................

6. Code number of person completing form at the Echo Reading Center: ............