

**Section A: KEY IDENTIFYING INFORMATION**

A1. Study Identification Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Replaced by blinded subject ID**

blind_id	Blinded ID
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A2. Acrostic Identifier \_\_\_\_\_

**Removed to protect privacy**

A3. Study visit STUDY VISIT 3 ..... **3**

VISIT	A3. Study visit
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A4. Date of form completion \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

M M / D D / Y Y Y Y

**Replaced by age (days) at R109 completion**

R109_age	<created var>Age at date form completed, days. (COMP_D-DOB)
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A5. Name of person completing form \_\_\_\_\_

PRINT FULL NAME INITIALS

**Removed to protect privacy**

**Section B: MEDICAL HISTORY**

B1. Shunt which the patient received:

- a. MBTS YES..... 1 NO .....2
- b. RV to PA shunt YES..... 1 NO .....2

MBTS	[Added version B]B1a. MBTS received
RV_PA	[Added version B]B1b. RV to PA shunt received

B2. Based on the pre-Norwood echocardiogram, is the tricuspid valve proximal regurgitant jet width >2.5 mm in any plane? YES..... 1 NO .....2

PRXRGJWIDTH	B2. Tricuspid valve proximal regurgitant jet width > 2.5 mm
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B3. Was patient put on bypass during the Norwood procedure? YES..... 1 NO .....2 **(B4)**

BYPASS	B3. Was patient put on bypass during the Norwood procedure?
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a. Total bypass time \_\_\_\_\_ minutes

BYPASS_T	B3a. Total bypass time
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b. Deep hypothermic circulatory arrest (DHCA) YES..... 1 NO .....2 (c)

DHCA	B3b. Deep hypothermic circulatory arrest (DHCA)
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1. Total deep hypothermic circulatory arrest time \_\_\_\_\_ minutes

DHCA_T	B3b1. Total deep hypothermic circulatory arrest time
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c. Regional cerebral perfusion YES..... 1 NO .....2 (B4)

RCP	B3c. Regional cerebral perfusion
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1. Regional cerebral perfusion time \_\_\_\_\_ minutes

RCP_T	B3c1. Regional cerebral perfusion time
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2. Regional cerebral perfusion flow \_\_\_\_\_ cc/kg/min

RCPFLOW	B3c2. Regional cerebral perfusion flow
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B4. Were other procedures done at time of Norwood procedure? YES..... 1 NO .....2 (END)

OTHPROC	[Added version B]B4. Were other procedures done at time of Norwood procedure
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Other Procedures	
Code	Name
01	AV valve repair
02	Pacemaker insertion
03	Branch pulmonary arterioplasty
04	Repair of PAPVC
05	Repair of TAPVC
99	Other

**Code procedure(s) done at time of Norwood procedure (See codes above)**

- a. \_\_\_\_\_ 1. If Other (99), specify: \_\_\_\_\_
- b. \_\_\_\_\_ 1. If Other (99), specify: \_\_\_\_\_
- c. \_\_\_\_\_ 1. If Other (99), specify: \_\_\_\_\_

OTHPROC_CD_0	B4.1.[Added version B] Other procedure code
OTHPROC_CD_1	B4.2.[Added version B] Other procedure code
OTHPROC_S_0	B4.1.[Added version B] Other procedure code, 'specify'
OTHPROC_S_1	B4.2.[Added version B] Other procedure code, 'specify'