

Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number _____ - _____ - _____ - _____

Replaced by blinded ID

blind_id	Blinded ID
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A2. Acrostic Identifier _____

Removed to protect privacy

A3. Study Visit

Baseline.....	0
Study Visit 3 (Pre-Glenn)	3
Study Visit 6 (Age 14 mo)	6

VISIT	A3. Visit
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A4. Date of echocardiogram _____ / _____ / _____

M M / D D / Y Y Y Y

Replaced by age at echocardiogram

echo_age	A4. <created var>Age at echocardiogram, days
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A5. Date of form completion _____ / _____ / _____

M M / D D / Y Y Y Y

Replaced by age at form completion

comp_age	A5. <created var>Age at form completion, days
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A6. Name of person completing form _____

PRINT FULL NAME INITIALS

Removed to protect privacy

Section B: CLINICAL ASSESSMENT AT ECHOCARDIOGRAM

If official growth measurements were taken within 7 days of the echo, record the length and weight results (from Form S103 or Form S106) on this form; otherwise, measure and record the patient’s length and weight (to 2 decimal places) on the same day as the study echo.

B1. Length _____ . _____ cm

HT_ECHO	B1. Length at Echo, or from S103 or S106 if <=7 days ago (cm)
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Section C: DIGITAL CONVERSION

CONVERSION DISC #1

C1. (Blinded) Echo ID _____ - _____ - _____

Affix Echo ID label and use this ID to anonymize the disc

Removed to protect privacy

CONVERSION DISC #2

C2. Visit selected for echo quality control? YES.....1 NO.....2 **(END)**

QCVISIT	[Added version B] C2. Visit selected for echo quality control?
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a. QC ID _____ - _____ - _____

Affix QC ID label and use this ID to anonymize the disc

Removed to protect privacy

NAME OF TECHNICIAN

Removed to protect privacy