

Section A: KEY IDENTIFYING INFORMATION

- A1. Study Identification Number _____ - _____ - _____ - _____
- A2. Acrostic Identifier _____
- A3. Study Visit
- | | |
|--------------------------------|----|
| BASELINE | 0 |
| STUDY VISIT 1 (NORWOOD)..... | 1 |
| STUDY VISIT 2 (STAGE II) | 2 |
| STUDY VISIT 4 (14 MONTHS)..... | 4 |
| FONTAN | |
| ECHO..... | 66 |
| 6 YEAR ECHO | 9 |
- A4. Acquired at PHN Center? YES.....1 NO.....2
- A5. Date of form completion
- | | | | | | | | | | |
|-------|-------|---|-------|-------|---|-------|-------|-------|-------|
| _____ | _____ | / | _____ | _____ | / | _____ | _____ | _____ | _____ |
| M | M | | D | D | | Y | Y | Y | Y |
- A6. Name of person completing form
- | | |
|-----------------|----------|
| _____ | _____ |
| PRINT FULL NAME | INITIALS |

Section B: CLINICAL ASSESSMENT AT ECHOCARDIOGRAM

- B1. Date of echocardiogram
- | | | | | | | | | | |
|-------|-------|---|-------|-------|---|-------|-------|-------|-------|
| _____ | _____ | / | _____ | _____ | / | _____ | _____ | _____ | _____ |
| M | M | | D | D | | Y | Y | Y | Y |
- B2. Length _____ . _____ cm
- B3. Weight _____ . _____ kg

IF THIS IS VISIT 9 OR 66, GO TO C2. ECHO ID.

- B4. Head Circumference _____ . _____ cm
- B5. Systolic Blood Pressure _____ mmHg
- B6. Diastolic Blood Pressure _____ mmHg
- B7. Mean Blood Pressure _____ mmHg
- B8. Sedation
- | | |
|--------------------------|---|
| GENERAL ANESTHESIA | 1 |
| MODERATE SEDATION | 2 |
| NO SEDATION | 3 |

- B9. Sinus or ectopic atrial rhythm YES..... 1 **(C1)** NO 2 INDETERMINATE ... -8 **(C1)**
- a. Complete heart block YES..... 1 NO 2 INDETERMINATE ... -8
- b. Paced rhythm YES..... 1 NO 2 INDETERMINATE ... -8
- c. Atrial flutter/fibrillation YES..... 1 NO 2 INDETERMINATE ... -8

Section C: DIGITAL CONVERSION

C1. Was the 3D echo performed?
(not required for SVR extension) YES..... 1 NO 2

SKIP C3 & C4b

CONVERSION DISCS #1 and 2

C2. (Blinded) Echo ID - **2D** _____ - _____ - _____

Affix Echo ID label and use this ID to anonymize the 2D disc

C3. (Blinded) Echo ID - **3D** _____ - _____ - _____

Affix Echo ID label and use this ID to anonymize the 3D disc

CONVERSION DISCS #3 and 4

C4. Visit selected for echo quality control? YES..... 1 NO 2 **(END)**

a. QC ID - **2D** _____ - _____ - _____

Affix QC ID label and use this ID to anonymize the 2D disc

b. QC ID - **3D** _____ - _____ - _____

Affix QC ID label and use this ID to anonymize the 3D disc

NAME OF TECHNICIAN