



Exam 6

Carotid Ultrasound

Participant ID #: Acrostic:

Sonographer ID: Date: / /
Month Day Year

10. Exam 6 plaque locations:

	NW	FW
Right CCA	<input type="radio"/>	<input type="radio"/>
Right bulb	<input type="radio"/>	<input type="radio"/>
Right ICA	<input type="radio"/>	<input type="radio"/>
Left CCA	<input type="radio"/>	<input type="radio"/>
Left bulb	<input type="radio"/>	<input type="radio"/>
Left ICA	<input type="radio"/>	<input type="radio"/>

11. Alerts:

- Yes
- No

12. Backup device serial number: _____

13. Uploaded images to UW AIRP server?

- Yes
- No



Date of upload:

/ /
Month Day Year

14. Sonographer comments:
