



Exam 6

QC Echocardiogram Transmittal Form

Participant ID #: Acrostic:

Technician ID: Date: / /
Month Day Year

QC ID #:

Transcribe from participant visit records:

. cm
Age Height

. lbs
Weight

Male Female

Rhythm: Normal sinus rhythm
 Atrial fibrillation
 Other

Heart Rate: bpm

Blood Pressure: Systolic .

Diastolic .

1. Was the echo completed?

Yes, and all required views were obtained

Yes, but not all required views were obtained → **Please explain:**

No → **Please explain:**

2. Are there any referral or alert findings?

No

Yes →

2a. What are the alert findings? (CHECK ALL THAT APPLY)

- | | |
|--|---|
| <input type="checkbox"/> Suspected tamponade | <input type="checkbox"/> Mild or moderate stenosis of any valve |
| <input type="checkbox"/> Aortic aneurysm or dissection | <input type="checkbox"/> Moderate mitral or aortic regurgitation |
| <input type="checkbox"/> Abscess or obvious vegetation | <input type="checkbox"/> Moderate or greater dynamic LVOT obstruction |
| <input type="checkbox"/> Intracardiac thrombus or mass | <input type="checkbox"/> Intra-cardiac shunt |
| <input type="checkbox"/> Pseudoaneurysm | <input type="checkbox"/> Moderate to severe pulmonary hypertension |
| <input type="checkbox"/> Significant arrhythmia | <input type="checkbox"/> RV pressure or volume overload |
| <input type="checkbox"/> Severe left or right ventricular enlargement | <input type="checkbox"/> Low ejection fraction or WMA |
| <input type="checkbox"/> Severe regurgitation or stenosis of any valve | <input type="checkbox"/> Other, please specify: |
| <input type="checkbox"/> Moderate or greater pericardial effusion - no evidence of tamponade | <input type="text"/> |



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3. Comments for the echo reading center, including any problems encountered with the participant, image acquisition, or machine failure:

RESULTS OF THE ARTERIAL PULSE WAVE EXAM:

Complete



Quality of Wave Form: Good Fair Poor

Were multiple recordings performed? Yes No

Incomplete



Reason exam incomplete or not done:

- Poor arterial waveform
- Undetectable arterial waveform
- Equipment malfunction
- Time/staff/room constraints
- Examinee refused or uncooperative
- Examinee physically unable
- Other

Comments:

Sonographer ID #: