



Participant ID:

RC ID:

Site:

CRF Date:

## Echocardiography

1. Time at start of assessment: \_\_\_\_\_:\_\_\_\_\_ (Military Time)
2. Date of the Echo: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (mm/dd/yyyy)
  - 2a. Select the visit:  
☐ Initial  
☐ Other (please specify): \_\_\_\_\_  
\_\_\_\_\_
3. Was the Echo completed? ☐ Yes ☐ No
  - 3a. If NO, please select a reason:  
☐ Protocol exclusion  
☐ Participant refused  
☐ Equipment malfunction  
☐ MEU malfunction  
☐ Other (please specify): \_\_\_\_\_  
\_\_\_\_\_
4. Time at end of assessment: \_\_\_\_\_:\_\_\_\_\_ (Military Time)
5. Date Echo sent to Imaging Core Lab: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (mm/dd/yyyy)
6. Did you experience any difficulty obtaining or saving the Echo images? ☐ Yes ☐ No
  - 6a. If YES, please specify:  
\_\_\_\_\_  
\_\_\_\_\_
7. Scanner ID: \_\_\_\_\_
8. MEU Uploader if different from Scanner: \_\_\_\_\_
9. General comments: \_\_\_\_\_



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10. Select "yes" if procedure was lost after initially being completed and is not recoverable.

☐ Yes

10a. Please specify reason for loss: