RIBA
Risk Underlying Rural Areas Longitudinal Study

Particii	pant ID:
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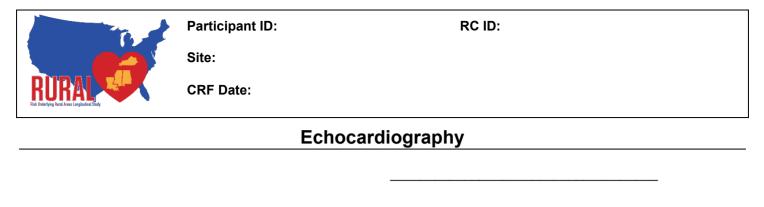
RC ID:

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
6.		☐ Yes ☐ No
6.7.	or saving the Echo images?	☐ Yes ☐ No
	or saving the Echo images? 6a. If YES, please specify:	Yes □ No



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

10a. Please specify reason for loss:

☐ Yes			