CKiD Sonographer Echo Worksheet

Clinical Site #: __________
Sonographer Initials: __________
Subject ID #: __________
Date of Study: __________
ASE Baseline Echo: [ ] Yes [ ] No

Visit:
[ ] V2
[ ] V6
[ ] V10
[ ] V14
[ ] Irregular (Accelerated) Visit ___

Is this a Repeat Echo? [ ] Yes [ ] No

Sonographer Checklist

Check When Echo Study Completed

1. _______ All of the above worksheet data filled in.
2. _______ Subject ID and site number entered correctly on tape/disk (no patient name is to be listed on tape/disk or worksheet)
3. _______ Complete Echo performed to exclude the presence of congenital heart disease (ONLY for 1st Echo).
4. _______ Echocardiographic CKiD study complete. (10 cardiac cycles per image, sweep speed 100mm/sec)
   a)______ Parasternal Long-Axis Image (Image #1)
   b)______ PLAX 2D-guided M-Mode of LV (Image #2)
   c)______ PLAX 2D-guided M-Mode of LA and Aorta (Image #3)
   d)______ 2D-parasternal short-axis image (papillary muscle level) (Image #4)
   e)______ 2D Apical 4-chamber image (Image #5)
   f)______ 2D Apical 2-chamber image (Image #6)
   g)______ Mitral Inflow Pulse Wave Doppler (Image #7)
   h)______ Pulse Wave Tissue Doppler Imaging
       1)______ Medial mitral annulus (Image #8)
       2)______ Lateral mitral annulus (Image #9)
   i)______ High parasternal short axis of aorta (Image #10)
   j)______ High parasternal short axis aorta – ZOOMED (Image #11)
   k)______ High parasternal short axis aorta-2D guided M-Mode of ZOOMED image (Image #12)

4. _______ “Alert” protocol followed (if applicable). “Alert” Finding (specify): _________________

5. _______ Videotape/disk copied and stored. Both tapes/disks labeled with clinical site, patient ID and study date.

Shipment Directions for CKiD Sonographer:

- Make a copy of this form. Keep a copy for CKiD records. Mail original form with the Sonographer Self Critique Form and Videotape/CD to:
  CCHMC
  Attn: Vicky Moore
  Cardiology Dept., ML 2003
  3333 Burnet Ave.
  Cincinnati, OH  45229
  513-636-7489
  Vicky.Moore@cchmc.org

FedEx Slip:

- Under Payment/Billing Details, (“Bill Transportation To”), select “Third Party” & use the FedEx Acct. #3137-9204-8
- For Express Package/Service Type, select “FedEx Express Saver”; for International Shipments, select “FedEx Intl. Economy”

Revised 11/01/14