CKiD Sonographer Self Critique Form

Clinical Site ID #: _____ _____  Sonographer Initials: _____ _____  Is this the Primary Sonographer? □ Yes □ No

Subject ID# : __________________ CKiD exam date: _____________  Visit:  □ V2
□ V6  □ V10  □ V14  □ Irregular (Accelerated) Visit ___

ASE baseline Echo:  □ Yes  □ No

Is this a Repeat Echo?  □ Yes  □ No

Directions: The CKiD Sonographer will fill out the information below.

1. Is the subject ID displayed correctly on the image?  Yes  No
2. Did the Sonographer fill out the Echo Worksheet?  Yes  No
3. Were all images appropriately recorded?  Yes  No
4. Was overall gain set appropriately?  Yes  No
5. Was the TGC set appropriately?  Yes  No
6. Was the depth set appropriately?  Yes  No
7. Did the Sonographer indicate any “alert” parameters on the Echo Worksheet?  Yes  No
8. Did the patient have good acoustic windows for data acquisition? If no, please comment.  Yes  No

Comments

Directions for CKiD Sonographer:

- Make a copy of this form. Keep a copy for your records. Mail original form with the Sonographer Echo Worksheet 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:

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