CKiD Sonographer carotid IMT Worksheet

Clinical Site #:_________  Subject ID #:  __________

Sonographer Initials: __________  Date of Study: __________

Visit:  
☐ V2  
☐ V6  
☐ V10  
☐ V14  
☐ Irregular (Accelerated) Visit ___

Is this a Repeat carotid IMT?  ☐ Yes  ☐ No

Sonographer Checklist

Check When carotid IMT Study Completed

1._______ All of the above worksheet data filled in.

2._______ Subject ID and site number entered correctly on tape/disc (no patient name is to be listed on tape or worksheet)

3._______ Completed CKiD vascular study including the following images:
   a) ___ Cross-sectional right carotid artery view (10 cardiac cycles) (Carotid Image #3)
   b) ___ Longitudinal bifurcation right carotid artery view (10 cardiac cycles) (Carotid Image #1)
   c) ___ Longitudinal right carotid artery view optimizing the distal 2 cm of CCA for IMT measures (10 cardiac cycles) (Carotid Image #2)
   d) ___ Cross-sectional left carotid artery view (10 cardiac cycles) (Carotid Image #6)
   e) ___ Longitudinal bifurcation left carotid artery view (10 cardiac cycles) (Carotid Image #4)
   f) ___ Longitudinal left carotid artery view (10 cardiac cycles) (Carotid Image #5)

4. ______ Videotape/disc copied and stored. Both tapes/discs 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 carotid IMT 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”

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