

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK COHORT STUDY
ECHO MAILING FORM and ECHO LOCAL RESULTS FORM # 117

Echocardiograms are done at visit C-0, C-24 and C-48. The technician should do the echo, measure the patient's blood pressure while the patient is still supine on the echo table, and complete this form. The AASK study coordinator should key enter this form. The Form 117 should be photocopied and the photocopy should be filed. The original Form 117 should be sent to the Echocardiography Core Lab with a copy of the echo tape or a copy of the echo CD or optical disk. Be sure that the original echo is kept locally on a tape or an optical disk, in case the echo you send to the Core Lab is lost or damaged in transit.

Grid boxes for Identification Number, Name Code, and Visit Number.

1. Identification Number...

2. Name Code...

3. Visit Number...

4. a. Date echo performed (mm/dd/yyyy) ... / / echo-dt

b. For dialysis patients only: Is this the special "C0" Echo completed soon (preferably within 2 months) after the patient started dialysis? (0=no, 1=yes) . echo-soon
Note: The visit number (Q03) should follow the usual appointment schedule for this patient.

5. Technician performing the echo ... technician
(first letter of first name and first seven letters of last name) (The Echo Tech is responsible for questions 6-34 of this form.)

6. Is this echo going onto a tape? (0 = no, skip to item #9, 1 = yes) ... tape

7. If 6 = yes, AASK Tape ID Number* ... tape-ID - " "

8. If 6 = yes, Tape counter number where echo starts ... tape-counter

9. Is this echo going onto an optical disk/CD? (0 = no, skip to item 11, 1 = yes) ... disk

10. If 9 = yes, AASK Optical Disk ID Number* ... - " " disk-ID

*Example: If an echo is done at Center 18 on 11/14/02, the AASK tape or disk ID number will be (Center 18 date 111402) 18111402 (if there is just one echo on that tape or disk). If you put additional echos on a tape or disk, the tape or disk number will be the number associated with the first echo on that tape. (The last field is the letter "A", "B", or "C" where A=Baseline, B=First Follow-Up, C=Second Follow-Up.)

Participant's Blood Pressure:

11. Blood pressure at end of exam while still supine on echo table ... BP-sys / BP-dia
(Systolic/Diastolic mmHg)

12. Was there a normal sinus rhythm? (0 = no, 1 = yes) Sinus_rhy
13. a. Was there atrial fibrillation? (0 = no, 1 = yes) atrial_fib
- b. Was there mitral regurgitation (0=no, 1=yes) mit_reg
- c. Was there tricuspid regurgitation (0=no, 1=yes) tri-reg
14. Best parasternal view at interspace number para-view
(Enter 1, 2, 3, 4, or 5)
15. a. Distance in cm from left sternal border dist_border
- b. Were all the M-Mode values listed in Q16 thru 22 technically acceptable? (0=no, 1=yes, 9=unknown) m-accept
- c. Were all the 2-D values listed in Q16 thru Q22 technically acceptable? (0=no, 1=yes, 9=unknown) d-accept

Echo Technicians: Be sure to do the LV short-axis M-Mode view. The Core Lab needs this to derive LV Mass. This is explained in the AASK Cohort Echo Scanning Protocol (Appendix B, Section 11 of the MOP).

		Dimensions (cm)	
		<u>M-Mode</u>	<u>2-D</u>
16. IVSd (left ventricular interventricular septum-diastole)	a. _____	<u>ivs-d-m</u>	b. _____ <u>ivs-d-d</u>
17. LVIDd (left ventricular internal dimension, diastole).	a. _____	<u>lvidd-m</u>	b. _____ <u>lvidd-d</u>
18. PWTd (left ventricular posterior wall, diastole).	a. _____	<u>pwt-d-m</u>	b. _____ <u>pwt-d-d</u>
19. LVIDs (left ventricular internal dimension, systole).	a. _____	<u>lvids-m</u>	b. _____ <u>lvids-d</u>
20. LA (left atrial dimension at end-systole)	a. _____	<u>la-m</u>	b. _____ (cm ²) <u>la-d</u>
21. Ao (annulus Aortic annulus dimension, systole).	a. _____	<u>ao-m</u>	b. _____ <u>ao-d</u>
22. LV length from the apex to the middle mitral valve plane (4-chamber view) (cm).			b. _____ <u>lv-length</u>
<u>Doppler</u>			
23. LVOT VTI (velocity time integral) (cm)			<u>lvot-vti</u>
24. Mitral Emax (peak velocity of early LV filling) (cm/sec)			<u>emax-early</u>
25. Mitral Amax (peak velocity of late LV filling) (cm/sec)			<u>emax-late</u>
26. Early diastolic myocardial velocity at lateral annulus (cm/sec)			<u>vel-early</u>
27. Late diastolic myocardial velocity at lateral annulus (cm/sec)			<u>vel-late</u>

Clinical Alerts (Code 0=no, 1=yes)

- 28. Severe Aortic Stenosis aortic stenosis
- 29. Aortic Dissection aortic dissection
- 30. Vegetation Vegetation
- 31. Tumor tumor
- 32. Cardiac Tamponade tamponade
- 33. LV Thrombus lv thrombus
- 34. a. Other Clinical Alert Other

b. If Q34a=yes, what was the clinical alert? (Data enter) _____

35. If any of the clinical alerts above are coded as '1=yes', what action was taken for this participant? (Data Enter) _____

Note: Items 36 and 37 are to be completed by the AASK Study Coordinator.
Keep the original echo locally, and send a copy on a tape, optical disk, or CD.

36. Date echo mailed (mm/dd/yyyy) ____/____/____ echo_mail_dt

37. AASK ID of the person mailing the echo _____ mail_by

200. Date this form completed (mm/dd/yyyy) ____/____/____ Compl_dt
(The date the form is completed must be greater than or equal to the date the echo was performed and less than or equal to the date the echo was mailed.)

201. Certification ID of person reviewing this form _____ Compl-by
(This should be an AASK Cohort staff person and not the echo tech.)

For Clinical Center Use Only:
Certification ID of person entering this form: _____
Date Entered: ____/____/____