



Attention - DO NOT enter patient data on this form if the header does not contain *preprinted* HALT PKD ID number, clinical center ID, and visit number.

Participant ID: _____ *haltid* Clinical Center: _____ *clinic* Date of Session: ____/____/____
month *m* day *d* year *y*

visit: _____ Accession Number: _____ *mraid* _____ Form was not completed *misfrm*

ASSESSMENT OF QUALITY OF RADIOLOGIC STUDIES FORM

Form # 121

Studies Included: Kidney *kid* Liver *liv* Heart *hrt* RBF *rbf*

Date Received at IAC _____ *recdate* Quality Control Date _____ *qcdate*

Kidney

1. Is the quality of the images acceptable? (Excellent = 5, Poor = 1) *kdeval*
 5 4 3 2 1

1a. Kidney scan decision. *kdevalq*
1 Scan is O.K. 0 Scan needs to be re-done 2 Not Applicable

1b. Indicate any problem: _____ *kdprob*

2. Was the protocol followed? (Excellent = 5, Poor = 1) *kdprot*
 5 4 3 2 1

2a. Indicate any deviation below: *kddev*

Liver

3. Is the quality of the images acceptable? (Excellent = 5, Poor = 1) *lveval*
 5 4 3 2 1

3a. Liver scan decision. *lvevalq*
1 Scan is O.K. 0 Scan needs to be re-done 2 Not Applicable

3b. Indicate any problem: _____ *lvprob*

4. Was the protocol followed? (Excellent = 5, Poor = 1) *lvprot*
 5 4 3 2 1

4a. Indicate any deviation below: *lvdev*

Heart

5. Is the quality of the images acceptable? (Excellent = 5, Poor = 1) *cdeval*
 5 4 3 2 1



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Participant ID: _____*haltid* Clinical Center: _____*clinic* Date of Session: ____/____/____
month *mdsm* day *mdsd* year *mdsy*

visit: Accession Number: _____*mraid* Form was not completed *misfrm*

ASSESSMENT OF QUALITY OF RADIOLOGIC STUDIES FORM

Form # 121

5a. Heart scan decision. *cdevalq*

1 Scan is O.K. 0 Scan needs to be re-done 2 Not Applicable

5b. Indicate any problem: _____*cdprob*

6. Was the protocol followed? (Excellent = 5, Poor = 1) *cdprot*

5 4 3 2 1

6a. Indicate any deviation below: *cddev*

Renal Blood Flow (RBF)

7. Is the quality of the images acceptable? (Excellent = 5, Poor = 1) *rbfeval*

5 4 3 2 1

7a. Renal Blood Flow decision. *rbfevalq*

1 Scan is O.K. 0 Scan needs to be re-done 2 Not Applicable

7b. Indicate any problem: _____*rbfprob*

8. Was the protocol followed? (Excellent = 5, Poor = 1) *rbfprot*

5 4 3 2 1

8a. Indicate any deviation below: *rbfdev*

Data Transmission

9. Were there any problems with the transmission of the data? *done* 0 No 1 Yes

9a. Indicate any problem below: *dttrn*

HALT PKD staff member completing this form: _____*cmidnum* Date: ____/____/____
Month *cdm* Day *cdd* Year *cdy*

Data Entry Status: Please check to indicate that the above information has been entered

Primary Entered by: _____*deidnum* Date: ____/____/____
dem / ded / dey

Secondary Entered by: _____ Date ____/____/____