

10 = Vivied 1

Note: Email fm-dcc@bio.ri.ccf.org if your machine is not on this list and a new code will be assigned.

- 7. Username of person who did the studyFMD_USERID
 - 8. Which arm was used for this image study (1=left, 2=right) FMD_ARM
 - 9. a. Date image study done (mm/dd/yyyy) FMD_IMAGE_DT
 - b. Time image study started (24 hour clock HH:MM)..... FMD_START_TM
 - 10. Date FMD image study CD was sent to
Vascular Function Central Reading Facility (mm/dd/yyyy)..... FMD_SENT_DT
- Note: Make sure you keep a copy of the CD in your Clinical Center.

Brachial Artery Nitroglycerin-Mediated Dilation (NMD)

- DO NOT perform this vascular function study if any of the 3 pre-procedure systolic blood pressure measurements were < 100 mmHg.
- HFM Study Consent Form requires that women of child-bearing potential have a pregnancy test within 48 hours prior to this test

11. Pregnancy test required? (1=yes, 2=no, male, 3=no, female not of child bearing potential, 4=no, NMD not done today)PREG_TEST

Complete items 12 and 13 for women of child-bearing potential:

- 12. Date of pregnancy test (mm/dd/yyyy)..... PREG_TEST_DT
- 13. Results of pregnancy test (0=not pregnant, 1=pregnant)PREG_RSLT
- 14. a. Was the Brachial Artery NMD study done today? NMD_DONE

1=Yes, completed	5=No, patient has systolic BP < 100 mmHg
2=No, patient refused	6=No, patient has history of nitrate intolerance
3=No, logistic problem related to the patient	7=No, patient has history of migraine headaches
4=No, logistic problem related to site	8=No, patient has used Viagra, Levitra or Cialis in the last 7 days
	9=No, other medical reason

b. If the NMD test will never be done, briefly explain, and then skip to item 20. NMD_RSN

- 15. What model machine was used for this image study NMD_MODEL

1 = Toshiba Xario	5 = Philips 5000
2 = GE Vivied 7 – V7916 Ultrasound system	6 = EnVizor
3 = ATL 5000	7 = BioSound Ultrasound
4 = Philips HDI 5000	8 = Phillips iU22
	9 = Phillips ie33
	10 = Vivied 1

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- 16. Username of person who did the studyNMD_USERID
- 17. Which arm was used for this image study (1=left, 2=right) NMD_ARM
- 18. a. Date image study done (mm/dd/yyyy) NMD_IMAGE_DT
- b. Time image study started (24 hour clock HH:MM).....NMD_START_TM

19. Date NMD image study CD was sent to
Vascular Function Central Reading Facility (mm/dd/yyyy)..... NMD_SENT_DT
Note: Make sure you keep a copy of the CD or DVD at your Clinical Center.

Q20 a-d are provided to help the Vascular Function Central Reading Facility and are not key entered

- 20. a. Name of person completing this form: _____
- b. Phone Number: ____/____/____ ext. _____
- c. E-Mail Address: _____
- d. Name of HFM Study Clinical Center: _____

200. Date this form completed (mm/dd/yyyy) COMP_DT

201. Username of person completing/reviewing completeness of this form.....COMP_USER

<p>Clinical Center Use Only</p> <p>Date Form Entered (mm/dd/yyyy) ENTER_DT</p> <p>Username of person entering this form ENTER_USER</p>

For later DCC Use only:

190.

a. FMD Flagged unreadable by Vascular Function Reading Facility? FMD_UNREADABLE
(1= flagged as unreadable, 2=flagged as incomplete and not forced into the database, 3=flagged as incomplete and forced into the database)

b. Date DCC notified (mm/dd/yyyy) FMD_NOTIFY_DT

191.

a. NMD Flagged unreadable by Vascular Function Reading Facility? NMD_UNREADABLE
(1= flagged as unreadable, 2=flagged as incomplete and not forced into the database, 3=flagged as incomplete and forced into the database)

b. Date DCC notified (mm/dd/yyyy) NMD_NOTIFY_DT