

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

ASE baseline ECHO: Yes

No

Is this a Repeat Echo? Yes

No

Irregular (Accelerated) Visit _____

Directions: The CKiD Sonographer will fill out the information below

Circle YES or NO

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 CKiD records. Mail original form with the Sonographer Echo Worksheet and tape/disc to:
CCHMC

Attn: Lauren Longshore

Cardiology Dept., ML 2003

3333 Burnet Ave.

Cincinnati, OH 45229

513-803-5517

Lauren.Longshore@cchmc.org

FedEx Label:

- Contact Leah Haddadi at Lshaddadi@cmh.edu for a FedEx slip and it will be emailed to you.