

CKiD carotid IMT Self Critique Form

Clinical Site ID #: _____

Sonographer Initials: _____

Is this the Primary Sonographer? Yes No

Subject ID #: _____

CKiD exam date: _____

Visit:

V2

V4

V6

V8

Irregular (Accelerated) Visit ____

V10

V12

V14

V16

Is this a Repeat carotid IMT? Yes No

Directions: The CKiD Sonographer will fill out the information below

Circle YES or NO

1. Is the subject ID displayed correctly on the image?
2. Did the Sonographer fill out cIMT Worksheet?
3. Were a minimum of 6 required images recorded?
4. Was overall gain set appropriately?
5. Was the TGC set appropriately?
6. Was the depth set appropriately?

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
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 Videotape/CD to:
CCHMC

Attn: Lauren Longshore
Cardiology Dept., ML 2003
3333 Burnet Ave.
Cincinnati, OH 45229
513-803-5517

Lauren.Longshore@cchmc.org

FedEx Slip:

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