

CKiD carotid IMT Self Critique Form

Clinical Site ID #: _____ Sonographer Initials: _____ Is this the Primary Sonographer? Yes No

Subject ID #: _____ CKiD exam date: _____ Is this a Repeat carotid IMT? Yes No

Regular Study Visit:

- V2 V14
 V6 V18
 V10

Irregular (Accelerated) Visit _____

Post RRT Study Visits:

Post-Dialysis

- DV1b DV6 DV11
 DV2 DV7 DV12
 DV3 DV8 DV13
 DV4 DV9 DV14
 DV5 DV10 DV15

Post-Transplant

- TV2 TV10
 TV4 TV12
 TV6 TV14
 TV8 TV16

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 cIMT Worksheet? | Yes | No |
| 3. Were a minimum of 6 required images 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 |

Comments:

Directions for CKiD Sonographer:

Scan this form and keep it for your records. Upload this form, the Sonographer's Worksheet and images via AMBRA.

Sites are encouraged to upload the files via AMBRA. However, if a site is not set-up to use AMBRA, copies of the CD and forms can be mailed to:

CCHMC

Attn: Lauren Longshore Brown

Cardiology Dept., ML 2003

3333 Burnet Ave.

Cincinnati, OH 45229

➤ *Contact your CCC for a FedEx slip (if needed) and it will be emailed to you.*

For technical questions, contact Lauren Longshore Brown at Lauren.Longshore@cchmc.org or by phone at 513-803-5517.