

# CKiD Sonographer Self Critique Form

Clinical Site ID: \_\_\_\_ \_\_\_\_

Sonographer Initials: \_\_\_\_ \_\_\_\_

Is this the Primary Sonographer:  Yes  No

Subject ID #: \_\_\_\_\_

CKiD exam date: \_\_\_\_\_

ASE baseline ECHO:  Yes  No

Is this a Repeat Echo?  Yes  No

## Regular Study Visit:

- V2  V14  
 V6  V18  
 V10

Irregular (Accelerated) Visit \_\_\_\_

## Post RRT Study Visits:

### Post-Dialysis

- DV1a  DV8  
 DV2  DV10  
 DV4  DV12  
 DV6  DV14

### Post-Transplant

- TV1a  TV8  
 TV2  TV10  
 TV4  TV12  
 TV6  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 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:

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](mailto:Lauren.Longshore@cchmc.org) or by phone at 513-803-5517.