

CKiD carotid IMT Worksheet

Clinical Site #: _____

Subject ID #: _____

Sonographer Initials: _____

Date of Study: _____

Regular Study Visit:

- V2
- V6
- V10
- V14
- V18

Post RRT Study Visits:

- | <i>Post-Dialysis</i> | | <i>Post-Transplant</i> | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> DV1a | <input type="checkbox"/> DV8 | <input type="checkbox"/> TV1a | <input type="checkbox"/> TV8 |
| <input type="checkbox"/> DV2 | <input type="checkbox"/> DV10 | <input type="checkbox"/> TV2 | <input type="checkbox"/> TV10 |
| <input type="checkbox"/> DV4 | <input type="checkbox"/> DV12 | <input type="checkbox"/> TV4 | <input type="checkbox"/> TV12 |
| <input type="checkbox"/> DV6 | <input type="checkbox"/> DV14 | <input type="checkbox"/> TV6 | <input type="checkbox"/> TV14 |

Irregular Visit ____

Is this a Repeat carotid IMT? Yes No

Sonographer Checklist

Check When Carotid IMT Study Completed

1. _____ All of the above worksheet data filled in.
2. _____ Subject ID and site number entered correctly on CD (no patient name is to be listed on CD or worksheet)
3. _____ Completed CKiD vascular study including the following images:
 - a) _____ Cross-sectional right carotid artery view (10 cardiac cycles) (**Carotid Image #3**)
 - b) _____ Longitudinal bifurcation right carotid artery view (10 cardiac cycles) (**Carotid Image #1**)
 - c) _____ Longitudinal right carotid artery view optimizing the distal 2 cm of CCA for IMT measures (10 cardiac cycles) (**Carotid Image #2**)
 - d) _____ Cross-sectional left carotid artery view (10 cardiac cycles) (**Carotid Image #6**)
 - e) _____ Longitudinal bifurcation left carotid artery view (10 cardiac cycles) (**Carotid Image #4**)
 - f) _____ Longitudinal left carotid artery view (10 cardiac cycles) (**Carotid Image #5**)
4. _____ CD stored. CD labeled with clinical site, patient ID and study date.

Instructions for CKiD Sonographer:

Scan this form. Keep the original form for CKiD records. Upload this form, the Sonographer Self-Critique form and images to the CICRL 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.