

CKiD Cardiac CT Worksheet

Clinical Site #: _____

Subject ID #: _____ - _____ - _____

Study Visit Number: _____

Date of Study: _____

Indicate Visit Protocol

- Regular Study Visit (CKD Stage 4-5 Only; U25 eGFR <30)
- Post-KRT Dialysis Visit
- Post-KRT Transplant Visit

Study Population:

- **Participants age \geq 16 years**
 - **One time scan only** (do not repeat if previously performed)
 - **CKD Stage 4-5** (U25 eGFR < 30)
 - **Transplant participants**
 - **Yearly, and no more often than once every 12 months.**
 - **Dialysis participants**
- **Note: Negative pregnancy test is required for participants of child-bearing potential**

Checklist

_____ All of the above worksheet data filled in.

_____ Images obtained per CKiD MOP Section 45: Cardiac CT
(Set scan field: carina thru the apex of the heart)

Was an alert/clinically significant result found? (circle) Yes No

If Yes, what was the finding: _____

If Yes, was result sent to Local Site CKiD Team? (circle) Yes No

_____ Images uploaded to Ambra

Images should be transferred to CHOP via Ambra using the following link within **1 week of study**:
<https://chopresearch.ambrahealth.com/share/CKIDS>

Indicate make and model of CT scanner: _____

Comments: _____

Upload this form as a "Report" in Ambra.

Please keep a copy of this form for your records and include original in binder back to CCC.