

CKiD Carotid IMT Worksheet

Clinical Site #: _____ Subject ID #: _____
Sonographer Initials: _____ Date of Study: _____
Study Visit Number: _____ Participant height (cm): _____ . _____
Participant weight (kg): _____ . _____

Indicate Visit Protocol

- Regular Study Visit
 Post Dialysis Visit
 Post Transplant 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, site number, visit # and date entered correctly on images (no patient name is to be listed on image 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. _____ Images stored. Images labeled with clinical site, subject ID, visit #, and study date.

Instructions for CKiD Sonographer:

Scan this form. Keep the original form for CKiD records. Upload this form, and images to the Cardiovascular Imaging Core Research Lab (CICRL) via AMBRA.

If you have any questions please contact:

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