

| CO | NFORM | Echocar | diography | /CT - S | CREENING |
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| ☐ Source ☐ Data Transfe | er Tool | |
| Site Number: | Subject ID: | _ |

This Worksheet is to be used at the Screening Visit. Was Echocardiogram/CT ☐ Yes performed? □ No (Complete protocol deviation form) Are the required images for ☐ Yes this visit available? □ No (Complete protocol deviation form) Were images uploaded into ☐ Yes the Imaging Module? □ No Date echocardiogram/CT _/ __ __ / __ _ _ (DD/MMM/YYYY) completed ☐ TTE – Transthoracic echocardiogram ☐ TEE – Transesophageal echocardiogram ☐ Cardiac CT **Imaging Type** ☐ Cardiac MRI ☐ Brain CT ☐ MRI ☐ Yes Left atrial appendage visible □ No ☐ Not Available If available, confirm if the following was noted on echo/CT: \square Yes (Review for I&E!) Dense spontaneous echo □ No contrast consistent with thrombus? ☐ Not Available ☐ Left atrium ☐ Left atrial appendage ☐ Left ventricle \square Yes (Review for I&E!) If yes, confirm ☐ Right atrium Intra-cardiac thrombus □ No location ☐ Right ventricle ☐ Not available ☐ Other, specify: ☐ Left atrium ☐ Left atrial appendage ☐ Left ventricle ☐ Yes If yes, confirm Intra-cardiac vegetation ☐ Right atrium □ No location ☐ Right ventricle ☐ Not available ☐ Other, specify:

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| THE SHAPE OF STROKE PREVENTION | N |

CONFORM Echocardiography/CT – SCREENING

 \square Source \square Data Transfer Tool

| | | Site Nur | nber:Subject ID: _ |
|--|----------------------------------|--|---|
| Patent foramen ovale warranting closure? | ☐ Yes ☐ No ☐ Not available | If yes, is this a high risk PFO? | ☐ Yes (<i>Review for I&E!</i>)☐ No |
| Atrial septal defect? | ☐ Yes ☐ No ☐ Not available | If yes, specify | ☐ Right to left shunt present☐ Left to right shunt present☐ Bidirectional shunt presen☐ Unable to determine |
| | | If yes, does defect warrant closure? | ☐ Yes (Review for I&E!)☐ No |
| | ☐ Yes ☐ No ☐ Not available | If yes, select type | ☐ Circumferential ☐ Loculated |
| Pericardial effusion present? | | If yes, select size | ☐ Trivial ☐ Small (<1 cm) ☐ Moderate (1-2 cm) ☐ Large (>2 cm and <5cm) ☐ Large (> 5 cm) (Review for I&E!) |
| | | If yes, Do any of the following apply? Check all that apply (Review for I&E!) | ☐ Symptomatic ☐ Sign or symptom of acute or chronic pericarditis ☐ Evidence of tamponade physiology |

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Date (DD/MMM/YYYY)

Site Personnel Signature