conformal THE SHAPE OF STROKE PREVENTION	**CONFORM Echocardiography/CT – PRE-DISCHARGE** ☐ Source ☐ Data Transfer Tool
	Site Number: _____Subject ID: _____

TTE is required to surveil for pericardial effusion. The study must be performed a minimum of 3 hours after discharge from cardiac catheterization laboratory.

Was Echocardiogram/CT performed?	☐ Yes ☐ No *(Complete protocol deviation form)*		
Are the required images for this visit available?	☐ Yes ☐ No *(Complete protocol deviation form)*		
Was imaging uploaded into the Imaging Module?	☐ Yes ☐ No		
Date echocardiogram/CT completed	__ __ / __ __ __ / __ __ __ __(DD/MMM/YYYY)		
What time was pre-discharge TTE performed?	_____ : _____		
Imaging Type	☐ TTE – Transthoracic echocardiogram ☐ TEE – Transesophageal echocardiogram ☐ Cardiac CT ☐ Cardiac MRI ☐ Brain CT ☐ MRI		
If available, confirm if the following was noted on echo/CT:			
Left atrial appendage visible	☐ Yes ☐ No ☐ Not Available		
Dense spontaneous echo contrast consistent with thrombus?	☐ Yes ☐ No ☐ Not Available		
Intra-cardiac thrombus	☐ Yes *(Complete AE form)* ☐ No ☐ Not available	If yes, confirm location	☐ Left atrium ☐ Left atrial appendage ☐ Left ventricle ☐ Right atrium ☐ Right ventricle ☐ Other, specify: _____

Intra-cardiac vegetation	☐ Yes ☐ No ☐ Not available	If yes, confirm location	☐ Left atrium ☐ Left atrial appendage ☐ Left ventricle ☐ Right atrium ☐ Right ventricle ☐ Other, specify: _____
Patent foramen ovale warranting closure?	☐ Yes ☐ No ☐ Not Available	If yes, is this a high risk PFO?	☐ Yes *(Complete AE Form)* ☐ No
Atrial septal defect?	☐ Yes ☐ No ☐ Not available	If yes, specify	☐ Right to left shunt present ☐ Left to right shunt present ☐ Bidirectional shunt ☐ Unable to determine
		If yes, does defect warrant closure?	☐ Yes *(Complete AE form)* ☐ No
Pericardial effusion present?	☐ Yes ☐ No ☐ Not available		
		If yes, select type	☐ Circumferential ☐ Loculated
		If yes, select size *(Pericardial effusion deemed as trivial or small does not meet adverse event reporting criteria)*	☐ 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)*	☐ Symptomatic ☐ Sign or symptom of acute or chronic pericarditis ☐ Evidence of tamponade physiology

_____ __ __ / __ __ __ / __ __ __ __

Site Personnel Signature **Date (DD/MMM/YYYY)**