

INSTRUCTIONS: Complete for all patients who have had a baseline echocardiogram that is acceptable for analysis based on the local assessment.

Section A: KEY IDENTIFYING INFORMATION

- A1. Study Identification Number _____ - _____ - _____ - _____ - _____ **REMOVED**
BLIND_ID
- A2. Acrostic _____ **REMOVED**
- A3. Date of baseline echocardiogram _____ / _____ / _____ **REMOVED**
 M M D D Y Y Y Y **AGE_BECHO**
- A4. Date of form completion _____ / _____ / _____ **REMOVED**
 M M D D Y Y Y Y **AGE_COMP**
- A5. Name of person completing form _____ **REMOVED**
 PRINT FULL NAME INITIALS

Section B: EXCLUSION CRITERIA

		YES	NO
B1.	Hypertrophic cardiomyopathy FHO [Definition: Cardiomyopathy characterized by left and/or right ventricular hypertrophy, which is usually asymmetric and involves the interventricular septum, without underlying hemodynamic cause. Left ventricular cavity size is usually not increased and systolic function is usually normal.]	1	2
B2.	Restrictive cardiomyopathy FREST [Definition: Restrictive cardiomyopathies (also referred to as obliterative cardiomyopathies) are marked by diastolic dysfunction. The left ventricle is usually normal sized or small. Systolic function is usually preserved. Marked hypertrophy is absent, although mild thickening may be observed.]	1	2
B3.	Myocardial non-compaction FMYON [Definition: Non-compaction (also known as spongioform, hypertrabeculation, or excess trabeculation) is a form of cardiomyopathy characterized by systolic dysfunction in association with excess trabeculation of the left ventricular myocardium.]	1	2
B4.	Ventricular paced rhythm FPACED	1	2
B5.	Atrial or ventricular ectopy at ratio greater than 1:4 FECTOPY	1	2

IF ANY OF B1-B5 = YES, SKIP TO D1

Section C: INCLUSION CRITERIA

		YES	NO
C1.	LVEDD > 5.5 cm or z-score > 2 on baseline echocardiogram LVEDLT55	1	2

C2.	Shortening fraction < 28% (or z-score for age < -2) or LVEF < 50% (or z-score for age < -2) on baseline echocardiogram SFOREFLO	1	2
-----	--	---	---

Section D: DETERMINATION OF ELIGIBILITY AFTER PERFORMANCE OF BASELINE ECHOCARDIOGRAM

D1. Does the patient meet any of the exclusion criteria (any of B1-B5=YES)? **VVEXCL**
 YES 1 (END) NO 2

Do NOT complete Forms V300, V301, V102 or submit echocardiogram

D2. Does the patient meet inclusion criteria C1 and C2? **VVINCL**
 YES 1 NO 2 (END)

Patient ELIGIBLE for follow-up Study echocardiogram Complete Forms V300, V301, V102 & submit baseline echocardiogram to Core Lab
--

Patient INELIGIBLE for follow-up Study echocardiogram Complete Forms V300, V301, V102 & submit baseline echocardiogram to Core Lab
--

<Created variable> Eligibility Status: F=Fully eligible, P=Partially, N=Not eligible **ELIGIBLE**

D3. Has the patient been scheduled for his/her next echocardiogram visit? **FUECHO**
 YES 1 NO 2

ENTER DATE IN ADEPT APPOINTMENT CALENDAR
