

Clinic No.					
ID No.					
Form Type	A	I			

PART I: Identifying Information.

1. Patient's NAME CODE: _____

2. Date study performed:
 _____ - _____ - _____
 Month Day Year

3. Have the following films been provided for your review?

	Yes	No
A. Lung scan _____	(1)	(2)
B. Angiogram _____	(1)	(2)
C. Chest X ray _____	(1)	(2)

If NO to any of the above, call the Clinical Center's Coordinator at once to locate missing films.

4. Status of this interpretation:

Local reader _____	(1)
Second reader _____	(2)
Working Group _____	(3)

Record the form type in the appropriate boxes in upper right hand corner of this page. Code as:

Local reader _____	01
Second reader _____	02
Working Group _____	03

5. Study interpreted by:

A. Certification number: _____ F1115A
 _____ F1125A

B. Signature: _____

PART II: Angiographic Interpretation.

6. Which side was interpreted first ("Side A")?

Right _____ (1) USED TO SET SIDE
 Left _____ (2) A/B TO THE
 RIGHT/LEFT.

7. Pulmonary embolism:

A. Side A:

Present _____	(1)
Absent _____	(2)
Uncertain _____	(3)

B. Side B:

Present _____	(1)
Absent _____	(2)
Uncertain _____	(3)
No side B films _____	(4)

ANGRTL USED TO
 ANGLFL CALCULATE:
 ANGIOL
 ANGRT2 ANGIO2
 ANGLF2

Part III: Coordination.

8. Checked for completeness and accuracy:

A. Certification number: _____

B. Signature: _____

C. Date: _____
 Month Day Year

Retain a copy of this form for your files. Send the original to the PIOPED Data and Coordinating Center. Use PIOPED mailing labels:

Maryland Medical Research Institute
 PIOPED Data and Coordinating Center
 600 Wyndhurst Avenue
 Baltimore, Maryland 21210