

Clinic No.						
ID No.						
Form Type	D	I	0	1		

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 Coordinator at once to locate missing films.

4. Status of this interpretation:

First reader _____ (1)
 Other _____ (STOP)

Only the first reader is to complete the Angiogram - Detailed Interpretation Form (PIOPED Form 12).

5. Study interpreted by:

A. Certification number:

F1215A

B. Signature:

F1225A

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

Right _____ (1)
 Left _____ (2)

Complete this form for Side A before interpreting Side B. If the right lung is Side A, proceed to Item 7. If the left lung is Side A, proceed to Item 12.

INSTRUCTIONS TO COORDINATORS:

First give Side A films to the angiographer for interpretation. When these films and accompanying form pages are returned to you, make sure the appropriate lung (right or left) corresponding to Side A has been interpreted. Then give Side B films, if any, to the angiographer for interpretation. Be sure both right and left lungs have been appropriately completed before proceeding to Item 17.

PART II: Angiographic Interpretation.

7. Any right-sided vessels studied? ----- Yes No
(1) (2)

If NO, proceed to Item 17.

9. Are the only definite abnormalities non-embolic? ----- (1) (2)
Yes No

8. Is the right-side study normal and complete? ----- (1) (2)

If YES and right lung is Side A, proceed to Item 12. If YES and right lung is Side B, proceed to Item 17.

If YES, complete only the "Special Findings" section for Items 10 and 11.

(1) and (2) are combined to create the variable.

	Artery Name	(1) Vessel Status				(2) Obstruction (if embolus present)		Special Findings			
		Not Studied	Embolus Yes	No	Not Seen	All 100%	Partial Filling Defect	Codes (3)	(4)	(5)	(6) If Other, specify
F1210	10. MAIN PA	(1)	(2)	(3)	(4)		(2)	---	---	---	
F1211	11. MAIN RIGHT PA	(1)	(2)	(3)	(4)	(1)	(2)	---	---	---	
F1211A	A. Upper lobe	(1)	(2)	(3)	(4)	(1)	(2)	---	---	---	
F1211B	B. Segment 1	(1)	(2)	(3)	(4)	(1)	(2)	---	---	---	
F1211C	C. 2	(1)	(2)	(3)	(4)	(1)	(2)	---	---	---	
F1211D	D. 3	(1)	(2)	(3)	(4)	(1)	(2)	---	---	---	
F1211E	E. Peripheral	(1)	(2)	(3)	(4)	(1)	(2)	---	---	---	
F1211F	F. Interlobar	(1)	(2)	(3)	(4)	(1)	(2)	---	---	---	
F1211G	G. Middle lobe	(1)	(2)	(3)	(4)	(1)	(2)	---	---	---	
F1211H	H. Segment 1	(1)	(2)	(3)	(4)	(1)	(2)	---	---	---	
F1211I	I. 2	(1)	(2)	(3)	(4)	(1)	(2)	---	---	---	
F1211J	J. Peripheral	(1)	(2)	(3)	(4)	(1)	(2)	---	---	---	
F1211K	K. Lower lobe	(1)	(2)	(3)	(4)	(1)	(2)	---	---	---	
F1211L	L. Segment 1	(1)	(2)	(3)	(4)	(1)	(2)	---	---	---	
F1211M	M. 2	(1)	(2)	(3)	(4)	(1)	(2)	---	---	---	
F1211N	N. 3	(1)	(2)	(3)	(4)	(1)	(2)	---	---	---	
F1211O	O. 4	(1)	(2)	(3)	(4)	(1)	(2)	---	---	---	
F1211P	P. 5	(1)	(2)	(3)	(4)	(1)	(2)	---	---	---	
F1211Q	Q. Peripheral	(1)	(2)	(3)	(4)	(1)	(2)	---	---	---	

Codes for special findings:

- | | | |
|--------------------------|-------------------------|--|
| 01 Webs | 07 Stenosis | 13 Slow flow |
| 02 Plaques | 08 Crowding of vessels | 14 Attenuation of vessels |
| 03 Extrinsic compression | 09 Stain | 15 Emphysema |
| 04 Extrinsic cutoff | 10 Atelectasis | 16 Other (specify) |
| 05 Encasement | 11 Pulmonary infiltrate | 17 Uncertain, no other emboli demonstrated |
| 06 Beading | 12 Perfusion defect | |

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