PROSPECTIVE INVESTIGATION OF PULMONARY EMBOLISM DIAGNOSIS ANGIOGRAM - DETAILED INTERPRETATION FORM

PIOPED Form 12 Rev. 1 09/12/85 Page 1 of 4

| | ID No. |
|--|---|
| | Form Type D I 0 1 |
| ART I: Identifying Information. | 4. Status of this interpretation: |
| l. Patient's NAME CODE: | First reader (1) Other (STOP) |
| 2. Date study performed: | Only the first reader is to complete the Angiogram - Detailed Interpretation Form (PIOPED Form 12). |
| Month Day Year | 5. Study interpreted by: |
| Have the following films been provided for your review? | A. Certification number: |
| Yes No A. Lung scan (1) (2) | B. Signature: |
| B. Angiogram (1) (2) C. Chest X ray (1) (2) | 6. Which side was interpreted first ("Side A")? |
| If NO to any of the above, call the Clinical Coordinator at once | Right (1) Left (2) |
| to locate missing films. | 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. |

Clinic No.

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.

PIOPED Form 12 Rev. 1 09/12/85 Page 2 of 4

PART II: Angiographic Interpretation.

7. Any right-sided vessels studied? ———— (1) (2)

If NO, proceed to Item 17.

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

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

| 9. | Are the only definite ab- | | |
|----|---------------------------|-----|-----|
| • | normalities non-embolic? | (1) | (2) |
| | | Vaa | N- |

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

| | | | | | | (2) | Obstruction | Special Findings |
|------------------------|-----|---------------|---------|------------------------|-------|----------------------------------|----------------|-------------------------------|
| (1) and (2) combined t | | | (1) Ve | ssel Status Embolus | Not | (if embolus present) All Partial | | Codes (6) |
| the variable | | Artery Name | Studied | Yes No | Seen | 100\$ | Filling Defect | (3) (4) (5) If Other, specify |
| F1210 | 10. | MAIN PA | (1) | (2)(3) | (4) | - | (2) | |
| F1211 | 11. | MAIN RIGHT PA | (1) | (2)(3) | (4) | (1) | (2) | |
| F1211A | Α. | Upper lobe | (1) | (2)(3) | (4) | (1) | (2) | |
| F1211B | в. | 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) | (+) | (1) | (2) | |
| F1211G | G. | Middle lobe | (1) | (2)(3) | (4) | (1) | (2) | ,, |
| F1211H | н. | Segment 1 | (1) | (2)(3) | (+) | (1) | (2) | |
| F1211I | ı. | 2 | (1) | (2)(3) | (4) | (1) | (2) | |
| F1211J | J. | Peripheral | (1) | (2)(3) | (4) | (1) | (2) | |
| F1211K | K. | Lower lobe | (1) | (2)(3) | (+) | (1) | (2) | |
| F1211L | L. | Segment 1 | (1) | (2)(3) | (+) | (1) | (2) | |
| F1211M | м. | 2 | (1) | (2)(3) | (+) | (1) | (2) | |
| F1211N | N. | 3 | (1) | (2)(3) | (+) | (1) | (2) | |
| F12110 | 0. | ħ | (1) | (2)(3) | (+) | (1) | (2) | |
| F1211P | P. | 5 | (1) | (2)(3) | (+) | (1) | (2) | |
| F1211Q | Q. | Peripheral | (1) | (2)(3) | (4) | (1) | (2) | ' |

| Codes | for | special | findings: |
|-------|-----|---------|-----------|
|-------|-----|---------|-----------|

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

| | | | | | |
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| ID NO. | | 7. | | . (| • |
| | | : : | • | | |

LEFT LUNG

12. Any left-sided vessels studied? ----- ($_1$) ($_2$)

If NO, proceed to Item 17.

13. Is the left-side study normal and complete? _____ (1) (2)

If YES and left lung is Side A, proceed to Item 7. If YES and left lung is Side B, proceed to Item 17.

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

If <u>YES</u>, complete only the "Special Findings" section for Items 15 and 16.

| (1) and (2) are □ combined to create □ the variable. | | | (1) Ve | ssel Status | | (2) | Obstruction mbolus present) | Special Findings |
|--|-----|-------------|----------------|-------------------|-------------|--------------|-----------------------------|---|
| | | Artery Name | Not Studied | Embolus Yes No | Not Seen | A11 100\$ | Partial Filling Defect | Codes (6) (3) (4) (5) If Other, specify |
| F1215 | 15. | MAIN PA | (1) | (2)(3) | | 2002 | (2) | (3) (4) (5) If Other, specify |
| | -3. | | | () , () , | , | - | (1) | |
| F1216 | 16. | LEFT PA | (1) | (2)(3) | (+) | (1) | (2) | |
| F1216A | Α. | Upper lobe | (1) | (2)(3) | (4) | (1) | (2) | |
| F1216B | В. | Segment 1 | (1) | (2)(3) | (4) | (1) | (2) | |
| F1216C | c. | 2 | (1) | (2)(3) | | ŀ | (2) | |
| F1216D | D. | 3 | (1) | (2)(3) | (4) | (1) | (2) | |
| F1216E | E. | Peripheral | (1) | (2)(3) | (4) | (1) | (2) | |
| | | | | | | | *** | |
| F1216F | F. | Lingula | (1) | (2)(3) | (4) | (1) | (2) | |
| F1216G | G. | Segment 1 | (1) | (2)(3) | (4) | (1) | (2) | ,, |
| F1216H | н. | 2 | (1) | (2)(3) | (+) | (1) | (2) | ' |
| F1216I | I. | Peripheral | (1) | (2)(3) | (+) | (1) | (2) | |
| F1216J | J. | Lower lobe | (1) | (2)(3) | (4) | (1) | (2) | |
| F1216K | к. | Segment 1 | (1) | (2)(3) | | | (2) | ' |
| F1216L | L. | 2 | (1) | (2)(3) | | | (2) | ' |
| | | | | | | | | ' |
| F1216M | M. | 3 | (1) | (2)(3) | | (1) | (2) | '' |
| F1216N | N. | 4 | (1) | (2)(3) | (+) | (1) | (2) | ,, |
| F1216O | 0. | Peripheral | (1) | (2)(3) | (+) | (1) | (2) | |
| | | | | | · · | <u> </u> | | |

| Codes I | or 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 |
| 06 | Beading | 12 | Perfusion defect | | demonstrated |

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Part III: Coordination.

| ☐ ANGIORT1 ☐ | | been appropriately completed before proceeding to Item 17. |] | | 20. Checi | ked for completeness and accuracy: | | | | |
|---------------------------------------|-----|--|----------------------------------|-------------|---------------|---|---|--|--|--|
| ANGIOLF1 | 17. | Pulmonary embolism: | _ | | A. | Certification Number: | | | | |
| ANGRTA = | | A. Side A: | | | | | | | | |
| ANGRTB USED TO CALCULATE: | _ | PresentAbsent Uncertain | | (2) | B. Signature: | | | | | |
| | | B. Side B: | | C. 1 | Date: | | | | | |
| ANGIO1□ ANGIOA□ ANGIOP□ and□ | | Present | | (2) | | Month Day Year | | | | |
| ANGIO | 18. | General chest X ray findings: | | | Send the | copy of this form for your files. original to the PIOPED Data and ting Center. Use PIOPED mailing | | | | |
| | | Right Yes No | Lef Yes | ft No | labels: | | | | | |
| | | A. Effusion (1) (2) |) (1) | (2) | | land Medical Research Institute ED Data and Coordinating Center | | | | |
| , | • | | B. Other pleural disease (1) (2) |) (1) | (2) | 600 | Wyndhurst Avenue imore, Maryland 21210 | | | |
| | | C. Surgical defect — (1) (2) |) (1) | (2) | <u> </u> | | | | | |
| | | D. Other, specify ——— (1) (2) |) (1) | (2) | | | | | | |
| | | | | ********* | | | | | | |
| | | | | | | | | | | |
| | 19. | Angiogram quality: | | | | | | | | |
| | | A. What is your assessment of the angiogram quality? | | QUALITY | | | | | | |
| | | Good | | (2) | | | | | | |
| | | B. Comments: | | | | | | | | |
| | | | | | | • | | | | |

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Be sure both pages 2 and 3 have