PROSPECTIVE INVESTIGATION OF PULMONARY EMBOLISM DIAGNOSIS CENTRAL V/Q SCAN PROBABILITY INTERPRETATION

Clinic No.

ID No.

Form Type

С

PIOPED Form 04 Rev. 0 05/06/85 Page 1 of 2

FORM COLLECTED FROM 2
READERS. IN VARIABLE NAMES,
THE "n" REPRESENTS THE READER.
THERE IS ALSO A FINAL READING.

PART I: Identifying Information.	PART III: Quality Assessment.
1. Patient's NAME CODE:	6. Chest X Ray quality:
	A. Number of Images
2. Date study performed:	B. Satisfactory (1) (2 Yes No
Month Day Year	If <u>SATISFACTORY</u> , proceed to Item 7.
3. Study interpreted by:	1. Interpretable films (1) (2) Yes No
A. Certification number:	2. Comments:
B. Signature:	
PART II: Probability.	7. Ventilation scan:
	A. Number of Images
4. What is the probability of pulmonary embolism in this patient, according to study criteria? High	B. Satisfactory ————————————————————————————————————
	E If <u>SATISFACTORY</u> , proceed to Item 8.
Low (3) Very low (4) Normal (5)	1. Interpretable films (1) (2) Yes No
5 m	2. Comments:
5. What is the probability of pulmonary embolism in this patient, accord-	
ing to reader's personal impression?	PER .

Perfusion Scan quality:	PART IV: Coordination.
B. Satisfactory ———— (1) (2) Yes No	9. Checked for completeness and accuracy:
	A. Certification Number:
If SATISFACTORY, proceed to Item 9.	B. Signature:
1. Interpretable films (1) (2) Yes No	C. Date:
2. Comments:	<u>.</u> _
	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 Contact

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

