PROSPECTIVE INVESTIGATION OF PULMONARY EMBOLISM DIAGNOSIS

LUNG SCAN PROCEDURE FORM

PIOPED Form 03
Rev. 0 01/02/85
1 Page

| Clinic No. | | | | | | |
|---|---|---|---|---|---|---|
| ID No. | | | | | | |
| Form Type | S | P | 0 | 1 | | |

## PART I: Identifying Information.

1. Patient's NAME CODE:

   __ __ __ __ __

2. Date study performed:

   Used to calculate SCANDYS

   __ __ - __ __ - __ __
   Month Day Year

3. Technologist:

   A. Certification Number:

   __ __ - __ __

   B. Signature:

   ______________________________

## PART II: Ventilation Study.

4. Position during study: F034

   Erect ------------------------ ( 1 )
   Supine ----------------------- ( 2 )
   Other, specify --------------- ( 3 )

   ______________________________

5. Was ventilation study obtained according to protocol? ------- ( 1 ) Yes ( 2 ) No

   A. If NO, specify:

   ______________________________

   ______________________________

| DCC USE ONLY | |
|---|---|
| FILMS REC'D | Yes ( 1 )<br>No ( 2 ) |

## PART III: Perfusion Study.

6. Position during study: F036

   Erect ------------------------ ( 1 )
   Supine ----------------------- ( 2 )
   Other, specify --------------- ( 3 )

   ______________________________

7. Was perfusion study obtained according to protocol? ------ ( 1 ) Yes ( 2 ) No

   A. If NO, specify:

   ______________________________

   ______________________________

## PART IV: General.

| | Yes | No |
|---|---|---|
| 8. Did the patient experience an allergic reaction? ------- | ( 1 ) | ( 2 ) |
| 9. Was the patient intubated? -- | ( 1 ) | ( 2 ) |

## Part V: Coordination.

10. 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:

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