

WORKING COPY

ID

WISE ID \_\_\_\_\_

Name Code: \_\_\_\_\_

### WISE ANGIOGRAPHY CORE LABORATORY CLINICAL CENTER TECHNICIAN WORKSHEET

1. Date of Angiogram     /    /     TW DAT  
                            mm dd yy

2. Medications taken within 24 hours of study:

	Yes	No
	1	0
2.1 Beta Blocker TWBET	( )	( )
2.2 Calcium Antagonist TWCAL	( )	( )
2.3 Nitrates TWNIT	( )	( )
2.4 ACE Inhibitors TWACE	( )	( )
2.5 Other Antihypertensive TWOTH	( )	( )
2.6 Digoxin TWDIG	( )	( )
2.7 Estrogen TWEST	( )	( )
2.8 Progesterone TWPRD	( )	( )

		Circle size (French)				
						Manufacturer/Model
3. Catheters used:	RCA:	5	6	7	8	_____
	LCA:	5	6	7	8	_____

4. Views: (List all views, give degrees and circle LAO/RAO and Cranial/Caudal for each)

		<u>LCA</u>				<u>RCA</u>	
1. _____ °		_____ °	L R	_____ °	CR CA	1. _____ °	L R _____ ° CR CA
2. _____ °	<i>use for</i>	_____ °	L R	_____ °	CR CA	2. _____ °	L R _____ ° CR CA
3. _____ °	<i>enumerated</i>	_____ °	L R	_____ °	CR CA	3. _____ °	L R _____ ° CR CA

5. types **ibstudies:**

	A	B	C
C	_____	_____	_____
P	_____	_____	_____
D	_____	_____	_____
R (_____)	_____	_____	_____
Repeated view(s)	_____	_____	_____
Flow Wire (Y/N)	_____	_____	_____

6. Person Completing Form: \_\_\_\_\_