Completion log
Persons using assistive technology may not be able to fully access information in this file. For assistance, e-mail biolincc@imsweb.com. Include the Web site and filename in your message.

Date Received __/__/__
Date Entry __/__/__
BR Sysid _____
Verification __/__/__
Cleaned __/__/__
Transfer __/__/__

ID → WISE ID:_____
→ Name Code ___ ___ ___ ___ ___

WISE
BRACHIAL ARTERY ULTRASOUND

To be completed by Clinical Site

1. Date of Test ____/____/____ BRDAT
   mm dd yy

2. Is this a reproducibility study? 1 ( ) Yes 0 ( ) No

3. WISE Study? 1 ( ) Yes 0 ( ) No

4. Medications taken within 24 hours of Brachial Artery Ultrasound:

	Yes 1	No 0	Unknown 2
4.1 Beta Blockers BRBET	( )	( )	( )
4.2 Calcium Antagonists BRCAL	( )	( )	( )
4.3 Nitrates BRNIT	( )	( )	( )
4.4 ACE Inhibitors BRACE	( )	( )	( )
4.5 Other Antihypertensive BROTH	( )	( )	( )
4.6 Digoxin BRDIG	( )	( )	( )
4.7 Estrogen BREST	( )	( )	( )
4.8 Progesterone BRPRO	( )	( )	( )
4.9 Diuretics BRDIU	( )	( )	( )

5.

	HR (bpm)	Brachial Artery Diameter (mm)	Velocity (mm/sec)	Flow (ml/min)
Resting Baseline				
Peak Hyperemia				
Repeat Baseline				
Nitroglycerin				

6. Person completing form_____

SEND VCR Tapes monthly via FedEx to Core Lab c/o:
Steven E. Reis, M.D.
University of Pittsburgh Medical Center
200 Lothrop Street
S-570 Scaife Hall
Pittsburgh, PA 15213

not entered