

<p>COMMENTS</p>	<p>-Affix label here-</p>
	<p>Clinical Center/ID: ___ - ___ - ___ - ___</p> <p>First Name _____ M.I. _____</p> <p>Last Name _____</p>
<p><i>To be completed by Physician Adjudicator:</i></p> <p>Date Completed: _ _ - _ _ - _ _ (M/D/Y)</p> <p>Adjudicator Code: _ _ _ </p>	<p><i>To be completed by Outcomes Specialist:</i></p> <p>Staff person: _ _ _ </p> <p>Adjudication Case No.: _ _ _ </p>

Complete this form only if the participant is in the Hormone Replacement Therapy (HRT) component.

Yes No
₁ ₀

1. **Deep vein thrombosis (DVT)**

1.1 Date of Diagnosis:
 |_|_|-|_|_|-|_|_| (M/D/Y)

1.2 Diagnosis: **(Mark the one category that applies best.)**

- ₁ Deep vein thrombosis of lower extremities **not resulting from a procedure** within 60 days
- ₂ Deep vein thrombosis of lower extremities **during or following a procedure** within 60 days

1.3 Diagnosis of deep vein thrombosis is based on: **(Mark all that apply.)**

- ₁ Hospital discharge summary with a diagnosis of deep vein thrombosis
- ₂ Positive findings on a venogram
- ₃ Positive findings using impedance plethysmography
- ₄ Positive findings on doppler duplex, ultrasound, sonogram, or other non-invasive test examination
- ₅ Positive findings on isotope scan

1.4 Diagnosis of deep vein thrombosis reporting source: **(Mark one. If more than one category applies, mark the first applicable category.)**

- ₁ Hospital inpatient
- ₂ Hospital outpatient facility or clinic
- ₃ Radiology or imaging facility
- ₄ Physician's office/private medical practitioner
- ₅ Nursing/convalescent home/hospice
- ₆ Autopsy only
- ₇ Death Certificate only
- ₈ Other

1.5 Was a work up for pulmonary embolism performed?

- ₁ Yes ₀ No ₈ Unknown

RV _____ KE _____

Yes No
₁ ₀

2. **Pulmonary embolism (PE) requiring hospitalization:**

2.1 Date of Diagnosis: -- (M/D/Y)

2.2 Diagnosis: **(Mark the one category that applies best.)**

₁ Pulmonary embolism **not resulting from a procedure** within 60 days

₂ Pulmonary embolism **during or following a procedure** within 60 days

2.3. Diagnosis of pulmonary embolism is based on:

(Mark all that apply.)

₁ Hospital discharge summary with a diagnosis of pulmonary embolism

₂ High probability on ventilation-perfusion lung scan (exclude moderate, intermediate, or low probability on ventilation-perfusion lung scan)

₃ Positive findings on pulmonary angiogram or spiral CT

₄ Diagnosis of deep vein thrombosis (DVT) based on ≥ 1 DVT criteria in 1.3. plus signs and symptoms suggestive of PE (e.g., acute chest pain, dyspnea, tachypnea, hypoxemia, tachycardia, or chest x-ray findings suggestive of PE)

₈ Other, including autopsy

Responsible Adjudicator Signature

NOTE: *If this is a hospitalized event, Form 125 - Summary of Hospitalization Diagnosis must be completed and any other WHI outcomes adjudicated.*