



SPIROMICS-HF CARDIOLOGIST SAFETY REVIEW FORM - ECHO

ID NUMBER:															
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FORM CODE: ESR
VERSION: 2.0 08/21/2020

Event: _____

0a) Date of Collection: / /

0b) Staff Code:

Instructions: This form should be completed after the safety review of the echo images has been performed by the site cardiologist. The cardiologist should also review the findings on the SPIROMICS-HF Echo Completion Form before signing this form.

1) Cardiologist reviewer:

- I have reviewed the echo images and confirm that there are NO alerts₁ → **Go to 2**
- I have reviewed the echo images and confirm the suspected alerts indicated by the site sonographer₂ → **Go to 2**
- I have reviewed the echo images and detected an alert finding not reported by the site sonographer₃

1a) What was the alert finding not reported by the site sonographer?

2) Cardiologist reviewer name: _____

2a) Date of review: / /

2b) Cardiologist signature: _____

END OF FORM